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OPPORTUNITIES FOR CONTINUOUS MEDICAL EDUCATION IN WAYNE COUNTY*

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The Wayne County Medical Society is well known as an energetic, progressive organization which rightly prides itself on looking problems in the face and doing something about them. The recent activity of the Society in the field of postgraduate medical education is a good example. Your incoming President, Doctor Ralph H. Pino, has studied the problem and come forward with some thoughtful recommendations which are in your hands. You have learned tonight that there has been gratifying response to their proposal that the local hospitals, beginning with Receiving Hospital, organize courses of clinical instruction in the wards and out-patient departments for practicing physicians. It seems to me that this plan points the way to the only practical solution of the important problem of providing opportunities for the busy physician to keep abreast of medical progress. I would not suggest that courses of lectures, clinics, and conferences already established be discarded. These forms of medical education fulfil important functions. As in under-graduate education, so in post-graduate education, we recognize, however, that the close association of student and patient is the primary essential in any well-balanced program of medical education. This presupposes, of course, that there is real desire on the part of the physician to continue his professional development by continuous study. (In the undergraduate schools, therefore, we are endeavoring by every possible means to develop habits of study and scientific viewpoints which will endure throughout professional life.) Critical observers have pointed out that the physicians who need educational opportunities the most are usually the least likely to take advantage of the instruction which is available. This, of course, is the reverse of saying that good students and good doctors are able to pretty well look out for themselves and search out opportunities for study and self-improvement. As in all higher learning, self-education is the best approach to adult education in Medicine. Unless there is curiosity, creative instinct, and enthusiasm for study and self-improvement, what the Wayne County Medical Society, Wayne University and the University of Michigan do about it will be of little avail. Fortunately, in Detroit and Michigan, there is evidence that the demand for opportunities for continued medical education arises from real interest and enthusiasm on the part of the medical profession.

Now, then, how are opportunities being developed to meet this demand?

They are legion. Recently I had occasion to enumerate the organized medical societies of Wayne County. I will not take time to read them, for they number twenty-eight,

*Read before the annual meeting of the Wayne County Medical Society, May 15, 1939.

and hospital societies and journal clubs are not included:

Alumni Association of Wayne University College of Medicine
American Urological Society (Detroit Branch)
Blackwell Medical Society
Dearborn Medical Society
Detroit Academy of Medicine
Detroit Academy of Surgery
Detroit Dermatological Society
Detroit Medical Club
Detroit Medical Society
Detroit Diabetes Association
Detroit Ophthalmological Association
Detroit Otolaryngological Association
Detroit Pediatric Society
Detroit Physiological Society
Detroit Roentgen Ray and Radium Society
Detroit Society of Neurologists and Psychiatrists
East Side Medical Society
Grosse Pointe Medical Club
Highland Park Medical Society
Medical and Dental Arts Club of Detroit
Medical History Club
Miamonides Medical Club
Michigan Orthopedic Society
Michigan Society of Obstetricians and Gynecologists
Noon Day Study Club
Wayne County Medical Society
Wayne County Seniors
West Side Medical Society

These societies represent general medicine and the specialties. They are all well organized. The primary purpose of each organization is the professional improvement of its members. This is, of course, the distinguishing characteristic of medical societies generally. From the beginning, medical societies have been interested in medical education. It was not until our generation, however, that their interest in post-graduate education became dominant over their interest in under-graduate education. The activity of the Council on Medical Education and Hospitals of the American Medical Association in the field of graduate education has been expanded greatly in recent years. The interest of the entire profession, medical schools, and hospitals, crystallized two years ago in the form of the Commission on Graduate Medical Education, which is now completing its studies and from which we may look for an epoch-making report.

I refer to the activities of societies at some length for the very good reason that it is through these agencies that opportunities for continuous medical education in Wayne County have been and are being developed to such a gratifying degree. The coöperative activities of the Michigan State Medical Society, the University of Michigan and Wayne University in the field of postgraduate medical education, under the leadership of Doctor James D. Bruce of the University of Michigan, have been conspicuously successful and have attracted wide attention. The Autumn and Spring graduate conferences sponsored by the Detroit Department of Health, in cooperation with the universities and the medical societies, are other excellent examples of what can be accomplished in the educational field by men of good will who represent several organizations.

But I must hurry on, for we have really just begun our exploration of postgraduate medical education in Wayne County. Let us turn to the hospitals next. In Wayne County there are ten hospitals which are organized on a sufficiently high educational plane to be approved for the training of internes. They comprise 5,454 beds. These hospitals have organized staffs and hold regular staff meetings, clinical pathological conferences and annual reunion clinics and also boast good working libraries—all for the purpose of providing educational opportunities for the attending and resident staffs and alumni. We are hearing more these days about the educational opportunities of the internship and residency, and we are rightly being told that the staff of the hospital constitutes a Faculty of Medicine whose responsibility it is to provide adequate educational opportunities and guidance for the internes and residents. The emphasis is rapidly shifting from the idea of an internship as purely an apprenticeship for practice to the idea of the internship as an integral and important part of the educational experience of the medical student. This trend, it is to be hoped, will lead to more opportunities for study of the medical sciences in the laboratories, seminars, journal clubs and conferences. I point this out to indicate that the teaching responsibilities of the attending staff are being multiplied. The adequate discharge of these responsibilities requires diligent study and preparation on the part of the members of the staff. Opportunities in Wayne County for the organization of educational programs on a high level in the hospitals are unexcelled. Membership on hospital staffs is highly competitive and many practicing physicians do not win such appointments. Through the medium of outpatient department appointments and such formal teaching opportunities as may be in-

augurated by the Society, better opportunities will be provided for this neglected group. It is through such experience that physicians in general practice can secure training in areas of their special interest and aptitude. With the development of high standards of qualification for the practice of the clinical specialties, it is increasingly difficult for the general practitioner to become adequately prepared in a specialty without having residency and fellowship training. This is particularly true in the case of the surgical specialties in which, as everyone realizes, scientific and professional training over a period of years is necessary. In the field of general internal medicine, and some of the medical specialties, on the other hand, it is possible for the general practitioner to explore an area of particular interest and by dint of hard work and study over many years become well qualified as an expert.

The great unsolved problem of postgraduate medical education is to provide adequate outlet for the energies, aptitudes, and ambitions of the general practitioner. In an earlier day he could, and often did, gradually limit his practice to surgical or medical specialties. The door to the surgical specialties is probably closed to him in the future, but some doors must be kept open for the advancement of the serious promising students who begin their professional careers as general practitioners.

A word about the medical library. Our hospitals have developed excellent small working libraries for their attending and resident staffs. Our County Society, through the good offices of the Chairman of the Library Committee, Doctor Lawrence Reynolds, is stimulating great interest in the development and future of our medical library. We have a library of which we are proud, but it falls short of being as complete as it should be for a metropolitan center such as Detroit. Undoubtedly through the united efforts of the Wayne County Medical Society, the specialty societies, the Library Commission of Detroit and Wayne University we can develop the library to a point where it will compare favorably with the great medical libraries of the country. The library is the cornerstone of the fine edifice of modern medical science; without it the whole structure would collapse. The best doctor is usually he who leans heavily on the current and historical literature dealing with the problems of medical practice which come up from day to day. Many members of our Society appreciate and use the splendid services of the library and its staff.

This report would be incomplete if the lowly curbstone were not mentioned. He is a rare specialist who does not spend some time in informal, gratuitous "curbstone" consultations with his colleagues in the discussion of difficult cases. Such consultations have great educational value, for they serve to direct attention to new lines of inquiry and perhaps open up completely new viewpoints.

Educational influences play a rôle in the every-day problem of case study. Any case may present a problem which requires special study. Through the services of consultants and the intelligent use of libraries —particularly the current medical journals —it is possible for the studious, conscientious physician to continue his medical education within the confines of his own practice. This is the hard way of keeping abreast of progress but it is perhaps the best way. The physician who ferrets out knowledge for himself is not likely to soon forget what he learns.

Wayne University College of Medicine, while preoccupied with the development of its program of under-graduate medical education and long-term graduate training in the clinical specialties, has nevertheless found the leadership and facilities to organize and offer courses for practicing physicians. Such courses include general Internal Medicine, Dermatology and Syphilology, Newer Therapeutics, the Tumor Clinic, Clinical Pathological Conferences, Ward Rounds, Ophthalmology, Anatomy, Pathology, and seminars in Physiological Chemistry and Physiology. Enrollment in some courses has been limited by the crowded condition of the laboratories. The policy, however, is to provide every possible opportunity for the serious student of Medicine to continue his study of the underlying medical sciences and to follow up studies in those clinical fields in which he has secured adequate basic training. In addition to these formal courses, the Alumni Association of the college offers a well-planned program of postgraduate instruction on practical subjects in the form of the annual Detroit Clin-

ics—at which members of the State and County Medical Society are cordially welcomed.

To round out consideration of the opportunities for postgraduate education in Wayne County, reference should be made to the splendid facilities for adult education in the liberal arts. The physician today, as yesterday and tomorrow, must be a cultured gentleman as well as a doctor. One of the weaknesses of modern medical education is that it is largely technical and professional in its discipline. Distinguished educators have repeatedly pointed out that the price of specialization may be narrowness of viewpoint. Fortunately, in Wayne County we have exceptional opportunities for continuing our cultural as well as our medical education. The Art Institute (where we meet each week), the theater, the library, the universities, the church (where some of us are seen occasionally), numerous cultural clubs and societies, the Detroit Symphony Orchestra, our own orchestra and glee club —not forgetting the Michigan waterways, and varied fauna and flora, nor the golf links (where most of us are seen frequently)—may be mentioned as cultural and recreational influences which physicians support and develop as well as benefit from in their busy day.

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The man whose life we commemorate tonight—Doctor George E. McKean—exemplified throughout his entire teaching and professional career the finest qualities of a well-rounded personality. His influence on the lives of the people who knew him was indelible. It is perhaps significant that his interests and culture were not limited by the boundaries of the profession which he served with such great distinction. George Edwin McKean achieved the immortality of good works.

CONGENITAL DISLOCATION OF THE HIP*

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Some twenty-two years ago I told a visitor to my clinic, that, during the preceding few years, I had reduced successfully, by closed manipulation, all the cases of congenital dislocation of the hip, in children under three years of age, that had come to the clinic. If the requirements for successful reduction are that the head of the femur be brought opposite the acetabulum in a position of some stability and that this position be maintained during the period of plaster fixation, the statement was true. If the requirements are that the head be deeply seated in a competent acetabulum and remain so after the removal of the plaster, the statement was untrue. The difference between these two sets of requirements has been since the earliest attempts at reduction, and is today, the source of all disagreements as to the best method of treatment.

Historical Résumé

Congenital dislocation was recognized in the Hippocratic writings four centuries before the beginning of the Christian era. Its peculiar gait was described in them and reduction by means of longitudinal traction was advised, albeit without success. It was not until the early part of the nineteenth century when Dupuytren (1826) in France made his remarkable studies, that the anatomy and pathology of the condition were clearly described. In the intervening two thousand years the Hippocratic longitudinal traction remained the only recognized method of treatment, and failed so dismally that in Duyuptren's time congenital dislocation was looked upon as an incurable condition. His clear description immediately aroused new interest in the subject and knowledge of it spread over Europe with the result that in the next twenty years Humbert and Jacquier, Bouvier, Pravaz and Guerin all presented methods of manipulation. In 1850, Carnochan of Savannah published the first American article on the subject. None of these men produced a method which was widely successful, but together they built up the groundwork of knowledge and experience which made possible the develop-

*This was the Sir Robert Jones Memorial Lecture presented at the Hospital for Bone and Joint Disease, New York City, February 24, 1938.

ments which occurred in the last two decades of the nineteenth century. In 1880, Paci of Italy published the first manipulative procedure which was based sufficiently soundly on pathological anatomy to offer promise of a large percentage of successful reductions. Many of his ideas were incorporated in the brilliant and startling announcement by Lorenz in 1895 of his "bloodless surgery" for the reduction of the dislocation by forcible manipulative measures. His work commanded immediate worldwide attention and provided the foundation of the improved methods which we know today. Because it was better advertised it overshadowed the work of Bradford, Ridlon and others, who with different technics during the 1890's sought, often successfully, to obtain reduction by forcible manipulation. For Lorenz's method was essentially a method of force. He believed that only by the use of great manual force could he stretch the muscles, fascia and capsule so that the head could be made to enter the acetabulum deeply enough to form a stable joint. He depended on the great strength of his hands to gain this result, whereas Bradford used a machine by which the mechanical force required could be better directed and controlled. I well remember while I was in the medical school, the occasion in 1901 or 1902 when Lorenz stopped at the Children's Hospital in Boston, to demonstrate his method at the invitation of the staff of that institution. He was on his way to Chicago to operate on a certain internationally famous case. Although I did not see the demonstration, it was vividly described to me by those who did. It must have been a dramatic spectacle. If subcutaneous hemorrhage following the manipulation was any indication, the procedure was not so "bloodless" as we had been led to believe. The traumatism to soft tissue was tremendous and there must have been besides a considerable degree of damage to the epiphysis of the head and to the walls of the acetabulum which was deleterious to their normal development. From that time on, there arose a hue and cry, led by John Ridlon of Chicago, against these strong arm methods. Ridlon maintained that if great force with its attendant damage to soft parts and cartilage was necessary to obtain reduction, then, often, the resulting deformities of the joint, brought about by irregular bone growth and arthritis would be so great that the joint would be no more useful than it would have been had it been left alone. He, therefore, set himself to develop a method in which gentleness, delicacy of touch, and supreme guile should take the place of brute force in outwitting the resistance of the contracted and abnormal structures of the ailing hip. He was eminently successful in doing so, as any one who has seen him "wheedle" the femoral head into the acetabulum will freely testify. Davis of Philadelphia and Brackett of Boston in this country, Hoffa in Germany and Denuce in France, along with many others, ably seconded Ridlon in this campaign for gentleness, so that now I believe it to be the generally accepted doctrine that any hip which cannot be reduced by gentle manipulation should be reduced by open surgical operation. Most men agree that gentle manipulation is unavailing after the patient has reached four years of age. I, for one, place the age limit considerably lower than that except in occasional cases.

So far, we have confined our historical discussion to the closed reduction. A little now about open surgical reduction. We shall not consider, in this paper, the many surgical procedures aimed at the amelioration of symptoms in old irreducible hips. In 1880, Poggi deepened the acetabulum and replaced the head in it through an anterior incision. In 1890, Hoffa described an improvement of Poggi's operation. Lorenz by 1895 had developed a technic for open reduction. Bradford, in 1900 resected the whole capsule in order to get the head into the acetabulum. Because of the supposed dangers of the open operation and the publicity given to the "bloodless" methods, it fell into disrepute and was relegated to the position of a last resort when all other methods had failed. This, of course, was unfair and still further served to besmirch the fair name of the open procedures for the reason that it could rarely succeed when carried out on a hip whose tissues had already been damaged and scarred by repeated more or less forcible manipulation and long periods of fixation. It was not until Sherman of San Francisco, in 1913, published a series of twenty-three successful open operations that interest was revived. In 1920, Galloway of Winnipeg, a still small voice crying in the wilderness, dared to face the storm of the repeatedly extolled virtues of closed reduction, in an

article describing a beautifully designed operation. The operation was simple and quick, it did not traumatize the delicate tissues of the youngest child and it offered the opportunity safely to remove the various obstructions to the entry of the head into the acetabulum, under the eye of the operator. Those obstructions had to be overcome blindly by the closed method. Galloway said justly that his operation was no more dangerous than closed reduction and that it was much more efficient, and, heresy of heresies, it should be used as the method of choice even in the youngest children. Galloway came to my clinic and did his operation, and I was converted to the open operation. My conversion is still effective as my publications and my frequently irritating and tiresome word of mouth diatribes, convincingly prove. It is easier to fulfill the requirements for successful reduction stated in my introduction by means of open operation than by closed manipulation.

Causes of Congenital Dislocation

In spite of the theories advanced by numerous authors since the time of Hippocrates, the fundamental cause of this condition is still far from clear. In the main, the theories are divided in two classes. The first of these assumes that the dislocation occurs in normal joints, either during intrauterine life because of gradual stretching of the joint capsule, the result of faulty position of the embryo, or from trauma at the time of birth, or from trauma sustained during the early months of extrauterine life. The second assumes that there is a basic failure of normal development in the cells of the embryo which enter into the formation of the bones which will form the acetabulum. As a result, the roof and posterior wall of the acetabulum are shelving and weak and allow the head of the femur easily to escape.

The first theory has little to support it. Dislocations of other joints during intrauterine life are rare and occur in exposed joints such as the knees, whose motions are in one plane. It is difficult to conceive that the normal hip, a joint which has motion in all directions, could be dislocated by any stress due to position alone. That a dislocation of a normal hip might occur during passage through the birth canal is conceivable, but the usual result of strains put on the skeleton during parturition is fracture, not dislocation. Injury during the first few months of life would have to be very severe to dislocate a normal hip. We must then accept the second hypothesis, that of congenital malformation of the structures which form the acetabulum, as the fundamental explanation of congenital dislocation. As yet, no wholly convincing theory has been advanced to explain the frequency of such malformations of the hip. Kanavel's theory of intrauterine injury or infection of the cell groups or beds which develop into the various parts of the extremities, by which he explains their congenital absence or multiplication, provides an interesting field for speculation as regards the hip joint. Murk Jansen's theory of inherited "feebleness of bone" is beautifully worked out, and gains its best support from the frequency of congenital dislocation as a familial disorder. Hagelund's theory of unbalanced muscle pull which leads to atrophy of the roof of the acetabulum because of undue pressure is fascinating and conceivable. Whatever the cause of the malformation we are confronted with certain anatomical changes which are demonstrated by dissection, by operation and by x-ray examination.

Anatomy

The anatomical changes in the acetabulum vary greatly in individual cases. The simplest form is a flattening of the superior border which gives the roof an oblique rather than a transverse direction, thus opposing to the head of the femur a sort of skidway on which it can move up and down. In the normal hip this skidway is absent and a transverse buttress is in solid contact with the head. In the more complicated forms the roof is entirely absent and merges imperceptibly into the ilium. Other changes in the acetabulum include a narrowing of the anteroposterior diameter, which results from improper development of the pubic and ischial epiphyses. Unfortunately, it is impossible to demonstrate these changes in the acetabulum, accurately, by means of the x-ray. To these abnormalities of development of the acetabulum are directly due the changes of shape and size of the head and neck of the femur because the head is without its normal support. Secondarily, the pull of the muscles acting on the dislocated femur influence the form of its upper end. These two forces acting together often produce complete disparity between the acetabulum and the head, in which case reduction

by closed manipulation is manifestly impossible. How great this disparity is can be evaluated only by direct examination at operation or on the dissecting table. Physical examination from without can demonstrate only the grosser forms. Because most of the head in these young cases is cartilaginous the x-ray is of as little value in determining its shape as it is in determining that of the acetabulum. The pull of the muscles determines also whether the dislocated head is low or high, anterior or posterior, and whether or not the neck is anteverted, in valgus or in varus.

Fig. 1.—High hip, adherent capsule. Fig. 2.—Descent of head limited by adherent capsule. Fig. 3.—Capsule free, head descends, lower limb of capsule blocks acetabulum. Fig. 4.—Hypertrophied round ligament, toboggan-slide roof. Fig. 5.—Acetabulum filled by round ligament and capsule.

The changes in the capsule of the dislocated joint are very considerable. The classic description of the "hour glass" contraction of the capsule I believe to be inaccurate. The real changes are simpler but no less efficient as an obstruction to reduction.

As the head of the dislocated femur ascends above the acetabulum under the pull, principally, of the gluteus medius, the upper half of the capsule attached to the upper surface of the neck and the upper border of the acetabulum, is stretched upward. Thus, it encircles the upper hemisphere of the head and lies in contact with the lateral surface of the ilium. To this it adheres. In the older cases the portion adherent to the ilium is worn through, leaving the head in direct contact with the ilium. The lower half of the capsule which attaches to the lower part of the neck and to the lower border of the acetabulum is stretched upward, as the head ascends, across the mouth of the acetabulum, which it tends to enter as a fold, thus blocking it. This fold is the structure which is usually called the hour-glass constriction. These changes, the one in the upper half and the other in the lower half of the capsule, are the most important obstructions to successful reduction in cases which have well shaped heads and acetabuli.

Pathological changes in the muscles and fascia around a dislocated hip in children under four years of age are, I believe, more fancied than real. They are really not pathological at all and are not fixed, but are adaptive changes of the highly elastic tissues to fit changed surroundings. In older children, actual contractures of both muscles and fascia undoubtedly do occur, as the result of improper function and insufficient blood supply. Such contractures seriously interefere with reduction either by closed or open method. But in young children the muscles and fascia offer little resistance to reduction of a dislocated hip. Indeed they are our best allies in maintaining the reduction after it has been secured. They should never be manhandled as in the Lorenz procedure.

The ligamentum teres is a factor which must not be forgotten. In some cases it degenerates to a mere string, in others it shows an extraordinary degree of hypertrophy. In the former case it has little or no bearing on reduction of the dislocation. In the latter it may be so large as to fill the acetabulum and prevent the entrance of the head into it. In most cases, it has no visible blood supply. In a few, it has fair sized vessels. Experience leads me to believe that it is of no value and may be safely sacrificed.

Treatment

And now, having made our historical excursion, having had a fling at philosophical theorizing and having studied our lesson in anatomy let us turn to the treatment of congenital dislocation in a young child under three. Let us start with the clear statement that the anatomical changes in some cases are so slight that the head may be solidly and permanently reduced by the gentlest and simplest manipulation and that

a reasonable period of fixation after reduction will complete the cure. Such cases are the ones in which no secondary joint changes appear and whose owners go through life with a hip indistinguishable from the normal. They are the only perfect reduction successes. The younger the child the more frequently does this occur. Putti with his mass training of parents undoubtedly has a much larger percentage of such cases than do those of us who rarely see a patient less than fifteen months old. They provide the majority of the "excellent" results in the report of any series of cases. Unfortunately, they are relatively few. The usual case presents difficulties of greater or less degree, and the result of treatment depends directly on the success with which we overcome these difficulties.

The average congenital dislocation is first recognized by the parents when the child begins to walk. They realize that something is wrong with the child's gait. Often they attribute this to the natural clumsiness of the child, and unfortunately the family physician frequently encourages them in this error, so that expert advice is not sought for many months. On the other hand, pediatricians are awakening to the frequency of the condition and are recognizing it more and more frequently even before the walking stage.

Sooner or later, the child is brought to the orthopedic surgeon, whose first duty is to give the parents a fair statement of the probable outcome of the case. In my experience it is unwise to make this statement very optimistic. It should be so worded that the parents will realize from the start that the lesion is a serious one and that treatment will of necessity be prolonged and possibly beset with disappointments. It should be pointed out that a hip which will function fairly well almost certainly will be obtained, but that a perfect functional result is little better than a possibility. If such an understanding between parents and surgeon is reached at the start, the way is paved for the necessary enthusiastic coöperation.

Examination of the child should give us much information as to prognosis. In general, fat children are less favorable subjects than thin ones, because palpation of the position of the head and trochanter and accurate fitting of retentive apparatus is more difficult. Anterior position of the head above the acetabulum is less favorable than a posterior position, because it usually means that the roof of the acetabulum is less completely developed. A high position of the head with an inch shortening is more favorable than a low position with only a quarter to a half inch shortening; because it means that the head is completely displaced from an acetabulum which may be well formed, rather than that it is riding on the oblique or vertical roof of a badly formed acetabulum. Thus a high posterior head is more likely to stay in place if reduction is obtained than is a low anterior one. Free motion of the head in the vertical plane is encouraging because it means that the upper half of the capsule is not widely and firmly attached to the lateral wall of the acetabulum. I am convinced that this firm attachment of the capsule is the principal obstacle to downward displacement of the head when reduction is attempted. If the head feels large and persistently faces forward there is almost a certainty that the disparity between the size of the head and that of the acetabulum is so great that the head cannot be placed sufficiently deeply in the acetabulum to overcome the tendency to forward re-dislocation. X-rays which show a good horizontal bony roof are very encouraging. Those which show a slanting or absent roof are discouraging, but by no means prove that the cartilaginous roof is also incompetent. In double dislocations, one side may present many of the favorable signs just described, while the other may present many unfavorable ones. For this reason, double dislocations are less likely to result successfully than are single ones.

Let us now consider the actual reduction of the dislocation. In the cases in which the hip is very high even in young children a preliminary period of traction is of value, not because it stretches the muscles but because it stretches the capsule or may even pull it away from its attachment to the ilium. In the older cases, more than three or four years of age, it is almost a necessity whether closed or open reduction is to be undertaken, because in these cases there are true contractures of muscles and fascia which gradual stretching alone can overcome.

It is my custom in all cases, first to attempt reduction by gentle manipulation. This manipulative reduction is attempted for two reasons. The first of these is that a complete stable reduction, obtained by

gentle manipulation in which the cartilage of the head rests deeply in the acetabulum in contact with its cartilage without interposition of the soft tissues, gives the only perfect results we ever obtain. The second reason is that parents dread the open operation and are pleased by the thought that the closed method will be tried. I never allow myself to be led on in the manipulative procedure to a point where force is used because I fear too much the aberrations of growth of both head and acetabulum, which I have seen develop so often, years after forcible and apparently successful reduction. We all avoid trauma to epiphyses elsewhere in the body and know its sad results. Why then should we subject the epiphyses of the head of the femur and acetabulum to the severe trauma which is built up when we use the long lever of the femur to force the head over the posterior wall of the acetabulum. By gentle manipulation I mean, not the use of a set series of movements, but an attempt to follow the leads which the head, the capsule and the muscles themselves give to practiced hands. If by this means the head is made to slide into the socket I am momentarily happy. But then come the tests for satisfactory reduction. Is the head stable vertically? If not, the roof of the acetabulum is nothing but a toboggan slide on which the head will surely sooner or later slip upward. Can the femur be rotated in all directions through thirty or forty degrees without redislocation? If not, the acetabulum is too small for the head or there is a disparity in shape. Is there a sensation, when the head is thrust inward, that it lies against a springy cushion? If there is, then we may be certain that the lower half of the capsule lies between the cartilage of the head and that of the acetabulum, or that a hypertrophied round ligament fills part of the cavity. In either case long months of fixation must elapse before these structures atrophy. Probably they never completely disappear, but persist as fibrous tissue which somewhat reduces the depth of the socket, and in later years lead to instability, irritative changes and pain. If all these tests are negative, I am content and prepared to predict a happy outcome. If any or all of them are present we know that the head is not firmly seated in a competent acetabulum which it fits. If this be true we must resort to open operation or content ourselves with a reduction which we know can never be more than a partial success. I am well aware that these partial successes are often perfectly satisfactory to the patient over long periods of years, but the x-rays taken of them as the years go by makes us wonder at the adaptability of human joints. It is true that where gentle manipulation fails, useful hips are sometimes obtained by more strenuous manipulation or by repeated manipulation, but such hips never approach normal.

It is I think because of the so frequent failure of closed reduction to sink the head deeply in a competent acetabulum, that the problem of anteversion and its accompanying tendency to forward subluxation has of late years attracted so much attention. Krida's invaluable work on this subject justifies fully the prominence that it has obtained. Anteversion of the neck undoubtedly is a frequent occurrence and I have seen it of such great degree, at open reduction, that the neck was so shortened that impingement of the greater or less trochanter against the side of the ilium prevented the head from entering the acetabulum to a satisfactory depth. Under such circumstances subluxation will surely occur and Krida's osteotomy to rotate the lower end of the shaft becomes necessary. On the other hand if a really firm reduction can be obtained either by the closed or open method, it has been my experience that with growth the anteversion disappears and ceases to be a problem. This is only one of the corrective changes which follow a satisfactory reduction. It is a product of regulated growth, the result of proper weight bearing, just as is the gradual development of a satisfactory roof and of a normally shaped head, which we are so glad to see as we watch the successive x-rays.

Up to this point, then, we agree that a small percentage of dislocated hips, caught early in life, have such slight abnormalities of development of the hip joint that they can be solidly and permanently reduced by gentle manipulation, but that a large percentage have so many abnormalities that they cannot be reduced solidly by any form of manipulation. The results in these latter must depend on the degree of skill employed in the secondary stages of treatment, and on the generosity of nature in building

up its defenses against deformity and redislocation.

A word now in regard to the employment of open reduction as a method to be used early rather than as a last resort. First as to the dangers. Sepsis is always with us, but fortunately rare. I have had no single case. Shock. The operation if done through a short intermuscular anterior incision is practically truly bloodless. It requires little time. Certainly it compares favorably on this score with any of the prolonged efforts at closed reduction. It affords an opportunity to see, feel and overcome the various anatomical variations which militate against satisfactory reduction. First the capsule, which as previously stated I feel to be the most common stumbling block. The adhesion of its upper portion to the lateral surface of the ilium above the acetabulum can be seen, felt and gently dissected free. This maneuver alone in the great majority of cases removes all resistance to the descent of the head. Following this step the joint is opened and the head, round ligament and acetabulum inspected. If, as is usually the case, the lower half of the capsule is tightly drawn across the mouth of the acetabulum it is split freely, exposing the whole extent of the acetabulum so that its comptency can be evaluated. If the round ligament is voluminous it is removed. If the acetabulum is too small to receive the head, it can be reamed out. Usually this reaming process involves cartilage only. This latter sometimes involves residual, secondary stiffness. If the roof of the acetabulum is of the toboggan slide type, a small shelf can be turned down immediately though this is rarely necessary. When any or all of these steps have been completed, almost invariably the head can be placed deeply within the acetabulum, usually so that its whole cartilaginous surface is buried, and so that a large range of motion can be carried out in all directions without redislocation. When this has been accomplished the capsule must be repaired and sutured with strong gut. This last step is fundamentally important because it provides support for the joint during the period of muscular readjustment.

I am convinced that the problem of successful permanent reduction of congenital dislocation of the hip is not yet solved. Whatever the causes of the anatomical changes which lead to it may be, I do not know. These changes are such that closed manipulation cannot overcome them in a large percentage of cases, which come to us after eighteen months of age. It is true probably that they can be so overcome in infants, as Putti demonstrated. Let us then make a serious attempt to educate our public to the early recognition of the dislocation. Let us review our own cases and find out how many of those reduced by the closed method are really happy after ten years and let us seriously consider the advantages of open reduction.

PYOMETRITIS ASSOCIATED WITH METRO-MENORRHAGIA

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Injections of large amounts of estrogenic substances have produced non-infectious pyometritis in some experimental animals, according to W. U. Gardner, H. Barrow and others. There have been no similar cases in humans recorded in the literature of the last several years.

The patient herein reported seems to be such a case. She had a pyometritis of sterile pus and had had a bilateral salpingectomy, precluding the possibility of pregnancy, abortion, or salpingitis, as causes of her condition.

On the other hand she had received persistant injections of the estrogens and had a retention cyst of the ovary, the latter also producing the follicular hormone.

On January 18, 1938, Miss V. T., (case No. 415) aged twenty-two years, presented herself, complaining of intermittent bleeding of two years duration. Menses began at fourteen years, were regular, and

lasted five or six days. The flow had always been heavy and accompanied by backache and cramps.

Her past history was as follows: She had been in good health until about four years ago, when she developed an acute appendicitis and localized peritonitis; the appendix was removed. At that time she was employed as an x-ray technician. One year ago, she had both tubes removed for "bleeding." According to the surgeon, the tubes were inflamed, but the ovaries and uterus were normal. Since the hemorrhages increased in severity another physician gave her frequent, sometimes daily, hypodermic injections of estrogen and anterior pituitary-like substance for several months. During the last two years the patient lost about 30 pounds.

Examination revealed a well developed, not acutely ill female. The essential findings of her condition were as follows: She had a doughy, generalized enlargement of her thyroid gland. She had a ductal hyperplasia of the breasts which became very tender during her menses. There was some tenderness over the gall bladder. She had a healed right rectus scar and another scar in the midline below the umbilicus. Vaginal examination revealed a normal introitus. There was some clotted blood in the fornicies, and coming from the cervical os. The cervix was otherwise normal. The uterus was anti-flexed and in normal position. Both adnexal regions were tender, especially the right.

As it seemed advisable to do a hysterectomy, she was taken to the operating room on January 26, 1938. Examination under anesthesia revealed an enlargement of the right ovary; no tumor masses were felt. On passing a sound into the uterus, a few drams of white pus poured out of the cervical canal. The canal was dilated, and the uterine cavity explored with a placental forceps. No polyps or fibroid could be felt. A strip of iodoform gauze was inserted, and the patient sent back to bed. The postoperative course was afebrile, the temperature never going above 99.2. The pathologist reported the specimen consisted of pus, blood, and shreds of cervical tissue.

Progress notes:

The patient was seen in the office February 19, 1938. There was no bleeding. She has menstruated for five days beginning February 12th. She had been taking ½ grain thyroid daily. The thyroid was much decreased in size. Patient was advised to return for further observation but she left town and could not be traced.

On October 10, 1938, she returned complaining of recurrence of her menorrhagia and metrorrhagia. Examination revealed some blood flowing from the cervical canal, the uterus was small, movable and the both adnexa tender. The blood count was red blood cells 3,000,000, hemoglobin 67%, white 11,000, polymorphoneuclus 68%, temperature normal.

October 13, 1938, I performed a supracervical hysterectomy and left oöphorectomy. There were many adhesions between all the pelvic structures. These were separated and the uterine fundus and the left ovary removed. The right ovary was large but otherwise normal. The left had two small retention cysts.

Recovery was satisfactory and the patient left the hospital on the tenth day.

On October 21, 1938, red blood cells 4,140,000, white 8,500, no bleeding, patient felt well.

October 26, 1938, progress satisfactory.

November 19, 1938, weight 116¾; blood count—red blood cells 4,140,000, white 8,500.

December 14, 1938, no bleeding.

February 3, 1939, no bleeding; felt well.

April 20, 1939, patient felt well except for "head cold." Internal examination showed freely movable cervical stump and no tenderness in pelvis.

Discussion.—The potency of the various endocrine products in use is being steadily increased. While this is an excellent thing from the viewpoint of successful therapy, it also increases the possibility of doing harm if they are improperly used.

Diagnostic curettage is a harmless procedure when carefully done and should be resorted to more frequently than at present. The optimum time for this procedure is shortly before an expected menstrual period—at that time examination of the tissue will reveal the activity of the ovary both in the production of estrone and progesterone.

With this knowledge the clinician is in a better position to judge which of the hormones, whether estrone, progesterone, anterior pituitary-like substance or testosterone should be used or if x-ray or surgery is indicated.

Summary

1. A case of pyometritis in a salpingectomized woman is reported.

2. The similarity of this case to those of pyometritis in animals receiving large doses of estrogen, and the possibility of this bring a complication to be guarded against when large doses of these hormones are used, especially where there is a retention cyst of the ovary, is pointed out.

3. The value of diagnostic curettage in uterine bleeding is emphasized.

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THE LIMITATIONS OF TRANSURETHRAL PROSTATECTOMY*

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Eight years have now elapsed since T. M. Davis made his historic presentation of modern transurethral prostatectomy with a résumé of some two hundred cases successfully operated upon. His reports, presented before the American Urological Society and the Section on Urology at the A.M.A. in 1930, made this operation for relief of urinary obstruction appear so safe, so simple and so easy on patient and surgeon alike that the method fell literally as a bombshell upon our profession. As a result of this promised Utopia of prostatic surgery a veritable gold rush took place. Probably every urologist in the North America continent joined the mad rush to obtain the necessary and not inexpensive armamentaria that promised the prostatic millennium. Many general surgeons, not averse to performing the occasional prostatectomy, found their sales resistance pleasantly weakened to the lure of agencies dispensing equipment that appeared to lead to the promised land of prostatectomy. Our surgical journals were soon filled with an avalanche of messages proclaiming the new era of safe—simple—and easy resection in a way that has been only surpassed by the recent bibliographical epidemic devoted to sulfanilamide.

Three and a half years ago the flood tide of enthusiasm had reached its crest, and since that time there has occurred an ebb flow which has fallen so low that many former enthusiasts are now doubting the value or usefulness of the procedure. Certainly this change in attitude must have a justifiable reason. What are the causes for this dampening of enthusiasm amongst so many of our urological colleagues? All agree, so far as I am able to learn, that transurethral resection has a definite place in prostatic surgery. Many able urologists believe that transurethral resection should be performed in only the small median lobe hypertrophies, median bars and vesical neck contractures. Others feel that all obstructive lesions of the bladder outlet, regardless of size, should be dealt with by the transurethral approach. Surely the proponents of extreme conservatism are expressing honest opinions based upon wide experience—they cannot be accused of being entirely wrong. Perhaps both groups are entirely right. Surely, this operation, recognized by all as having a place in some cases must be sound in principle. The inability of any able suregon or group of surgeons to properly perform any sound operative procedure does not condemn that operation to the scrapheap. Neither should the superlative technical ability of a few surgeons give license to the universal practice of any difficult operation.

All surgeons who have performed transurethral prostatectomy agree on its technical difficulties. All are equally aware of the many complications that may arise to increase the hazard of the operation, as well as the postoperative course of the patient. Many are aware of certain unhappy end-results that have proven unsatisfactory to physician and patient alike.

An enumeration of some of the technical difficulties and complications of operation and the postoperative period and an analysis of the major delayed complications are of interest and importance in evaluating the proper place of this operation in the management of prostatism.

The major causes of death following transurethral resection are hemorrhage and sepsis.

The major cause of postoperative morbidity is infection.

The greatest factors producing unsatisfactory immediate postoperative results are—dysuria, frequency, difficulty of urination, and cloudy infected urine.

Unsatisfactory end-results as judged by check-up examination from six months to a year following operation are generally indicated by symptoms of dysuria, frequency of urination, and difficulty with voiding. Patients presenting these unsatisfactory end-results are generally found to have cloudy, infected urines, enlarged, tender, infected prostate glands with or without residual

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urine and too frequently are possessed of strictures situated in the pendulous urethra.

Any physician at all familiar with transurethral resection is fully aware of the complicating factors which have just been enumerated. To analyze the causes of failure and suggest methods for prevention of these failures let us consider some fundamental principles involved in the problem at hand.

The researches of Doctor Reuben Flocks, of Iowa City, have been of tremendous importance in understanding the pathological anatomy of prostatism and in explaining the reasons for many postoperative complications. He has shown that about 90 per cent of the adenomatous mass of tissue derives its blood supply from the urethral arteries, which enter the prostate in the region of the internal sphincter and course distally in the substance of the lobe. In performing transurethral resection these vessels are cut across and thrombosed at their point of entry into the gland. If the tissue supplied by these vessels is not removed at operation, it necessarily undergoes varying degrees of devitalization, becoming infarcted throughout a considerable area. Such infarcted tissue offers an ideal soil for bacterial invasion and becomes a sloughing area which may give clinical symptoms and signs for months or years after operation. We are familiar with the patient who, following resection, voids freely and easily and empties his bladder but who has frequency, burning and painful urination. His urine is cloudy with pus and micro-organisms of all varieties. Cystoscopic examination reveals denuded areas in the prostatic urethra covered with exudate and perhaps deposits of urinary salts. Patients suffering from these infarcted prostatic masses have taken urinary antiseptics and have been subjected to bladder lavage to no avail. Their primary need for prostatectomy has not been supplied and relief for their disability is dependent upon the completion of their prostatectomy by either the transurethral route or some other. The researches of Flocks have abundantly demonstrated that transurethral resection must be, in fact, transurethral prostatectomy. Those who perform this operation must be sufficiently aware of their own technical limitations to employ it in only those sized glands in which a more or less complete removal of tissue can be expected. Bumpus and McCarthy published statements during the early days of resection saying that an enlarged gland would shrink in size if we removed the tissue actually giving rise to obstruction, channelizing the prostatic urethra. Experience has amply shown that they were wrong, in that a gland, so resected, not only fails to shrink but acts as a focus for urinary sepsis.

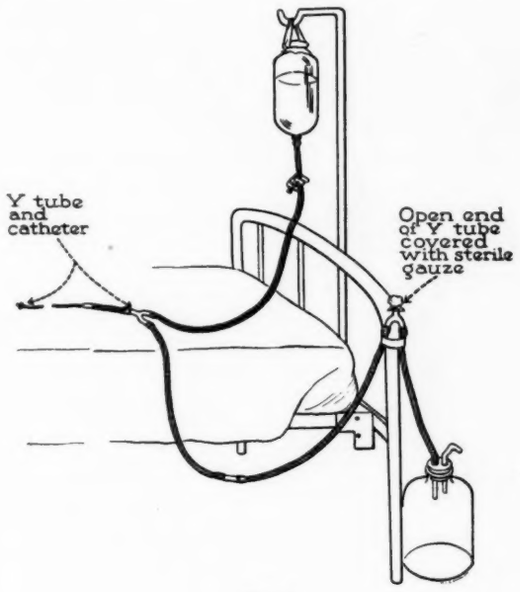

Fig. 1.

Since infection plays an important role in the morbidity and mortality of operation, its control and prevention is imperative. To perform a complete transurethral prostatectomy upon a patient and then have him succumb to sepsis is an unhappy and sad commentary upon the surgeon and the operation he has performed. It is probably true that more sepsis occurs as a result of the introduction of bacteria which are entirely foreign to the patient than from those organisms which the host brings with him when he comes to the surgeon. The careful preparation of the patient for catheterization or instrumentation and the aseptic care of catheters and drainage systems both pre- and postoperative will, in a large measure, reduce sepsis to an unusual complication. It has been our practice for the past three years to employ a closed, sterile irrigator drainage system in all patients requiring catheter drainage (Fig. 1). The entire system wrapped in a sheet is sterilized in the autoclave. Each ward has an available supply. Catheters are introduced with aseptic technic and the irrigating drainage system

is immediately connected up. The reservoir bottle is filled with 2 per cent boric solution in most cases. In those having badly infected bladders, acetic acid ¼ per cent is used. Frequent irrigations with the acetic solution lowers the pH of the bladder so that bacterial activity is quickly put into abeyance. The irrigator system is never disconnected when once put into use, it being our object to provide drainage and to prevent the contamination of the bladder by accidental inoculation from organisms foreign to the host. The absence of sepsis which has resulted from the employment of these methods has justified a great enthusiasm for them.

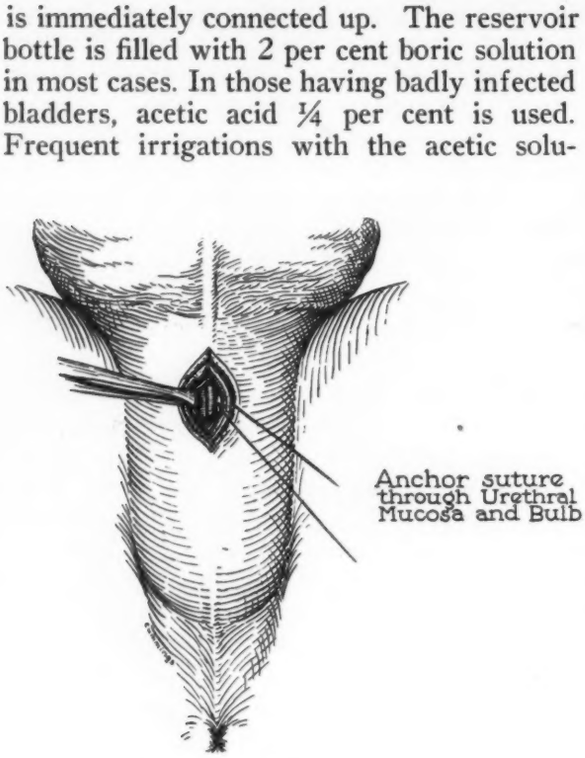

Fig. 2.

The ultimate result of a perfectly performed resection has been occasionally marred by the development of urethral stricture. This unhappy sequel has been observed by all resectionists who have checked up upon their patients, but unfortunately has received practically no recognition in the literature. Bumpus aptly remarked that one had better perform some other type of prostatectomy than do a successful resection and then leave the patient with a lesion of the urethra infinitely more debilitating and difficult to treat than his prostatism.

Resectoscopes must of necessity have sheaths of large caliber, most instruments in common use being 28 or 30 Fr. in size. All male urethras do not possess this caliber. It has been the practice of resectionists to dilate such urethras until they could accommodate the resectoscope. This dilatation has amounted in fact to rupture or divulsion of the urethral mucosa which can only result in stricture. These injuries invariably occur in the pendulous portion and at the penoscrotal angle where strictures are prone to contract rapidly and are notoriously difficult to dilate. The anticipated success of resection has doubtless led to the occasional unwarranted disregard of the urethra and to irreparable insult to some.

About a year and a half ago Hugh Cabot suggested that perineal urethrotomy would avert this disaster. His colleague, Dr. Gersholm Thompson, subsequently reported its use in one case. Following the suggestion of Cabot we have employed perineal urethrotomy in all cases where the urethra has not easily admitted the free passage of a No. 30 Fr. steel sound (Fig. 2). An incision 2 cm. long, in the bulb, is made upon a small grooved sound in the urethra, the cut edges of the bulb are transfixed with long traction sutures and the instrument is introduced through this perineal incision. At the end of operation the catheter is brought out the entire urethra and the incision in the bulb is closed with one catgut stitch.

During the past year perineal urethrotomy has been performed in approximately 11 per cent of all resection cases. In no instance has the procedure resulted in any complication, either immediate or remote, that has in any way contributed to postoperative morbidity, or discomfort to the patient. Upon removal of the catheter all but two patients have voided part of their urine from the incision. Many have had completely healed wounds in three days. The longest period of perineal drainage was fifteen days. Complete wound healing occurred on an average of nine days in the entire series. Postoperative check-up examinations on the majority of these patients have invariably shown absence of any evidence of stricture in the region of the bulb and in most instances one can scarcely see or feel any evidences of the urethrotomy scar. I firmly believe that we have seen our last stricture following resection.

A discussion of the technic of operation is hardly appropriate before this group. However, one feature of the technic will be discussed, which I believe is absolutely essential to complete removal of the gland.

I refer to third dimensional perception. The instruments which are regularly used to perform this operation provide only visual perception of two dimensions. Perception of the third dimension can be obtained only through the sense of touch by rectal palpation, enabling one to accurately estimate the amount of tissue which must be excised. Pressure exerted upward or medially by the examining finger also aids materially in bringing tissue into the path of the cutting loop or blade of the instrument. Guided in this manner by the sense of touch as well as by sight one can avoid the dangers of cutting too deeply in vulnerable areas and can carry resection of the tissue quite accurately down to the capsule of the gland, which is readily recognized by its appearance.

In the past it has been our practice to make rectal palpation numerous times during the course of operation. While the actual cutting maneuvers were being carried out, an assistant constantly maintained digital pressure over the area of excision, guiding the operator as to the thickness of the prostatic mass as well as warning him against dangerous areas. Feeling the necessity for simultaneous palpation and cutting by the operator as an added factor of safety as well as accuracy, we suggested that our existing instruments be modified to permit this refinement in technic. Such modifications of the resectoscope have been perfected so that the operator can now work entirely with one hand, enabling the other hand to be free to safely guide the excision of tissue. The use of this modified instrument has permitted a refinement of our technic not only from the standpoint of accuracy and safety, but also has permitted an increase in the speed of resection.

All patients are checked up one, three and six months after leaving the hospital. At the end of three months the post-resection patient should be voiding freely and easily, passing grossly clear urine and should be voiding three to six times by day and not over twice at night. He should not have a stricture of the urethra. If these condtions do not prevail he should be examined to determine the cause of his persisting difficulties. Such difficulties may well be found to arise from pre-existing urinary tract lesions such as chronic pyelonephritis, infected hydronephrosis, calculus disease or diverticulum of the bladder and an unsatisfactory result in such event should not be blamed upon the operation. Should examination reveal persisting prostatic obstruction, stricture of the urethra or sloughing tissue at the operative site, the persisting symptoms are clearly a complication of the operation and must be dealt with accordingly.

Transurethral resection, when properly performed, shows to advantage over other types of prostatectomy in that it carries a very low mortality rate, the morbidity is less, and the period of hospitalization is greatly reduced. An important advantage adjudged by the patient is that he is saved the distress and discomfort attendant upon the operative wounds incident to open operations.

Obviously transurethral prostatectomy is not the simple and foolproof operation that early reports proclaimed it. This being true, just what place should this procedure have in the surgery of prostatism? Should all surgeons utilize the procedure? What type of case should be submitted to resection?

The answer lies with the skill of the surgeon and with the care he is able to utilize in the pre- and postoperative management of his patients.

Transurethral prostatectomy is a sound procedure demanding a high degree of technical skill for its proper execution. Any surgeon possessed of this skill can perform the operation with the expectation of obtaining excellent postoperative results. Such a surgeon will recognize the limits of his own dexterity and perform transurethral resection in only those cases where he can expect to perform a more or less complete prostatectomy. Other cases he will reserve for more appropriate surgical procedures. His dexterity, skill and experience may warrant his performing resection in 100 per cent, or perhaps 10 per cent, of cases. In either case his sound judgment must be borne out by his good results. Since sound judgment in this field can only be obtained by a wide and intelligent experience, the election of transurethral resection in any given case must be made by the competent urologist and by no other person. Too frequently the patient or perhaps his referring physician presents himself demanding that a transurethral resection be performed. The universal acquiescence to such demands

can only lead to injudicious selection of operative procedure in many cases, discredit to the operation and surgeon, and suffering to the patient.

The able resectionist will guard his patients against morbidity and mortality from needless loss of blood and from sepsis, since these complications have been largely eliminated by modern methods. He will prevent traumatic stricture occurring as a devastating sequela of an otherwise satisfactory prostatectomy.

The millennium of prostatic surgery has not arrived—but a distinct advance has been made. However—the resectoscope is a two-edged sword.

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A CASE OF NON-TUBERCULOUS PNEUMOTHORAX—PROVEN BY AUTOPSY*

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Three instances of spontaneous pneumothorax, which were not of tuberculous origin, have been previously reported by the author.[11] This case, the second one of this series, subsequently succumbed. As is well known, this condition is of frequent occurrence in tuberculosis and some authorities, such as Beher and Jaccoud, claim that infection with the Koch bacillus is responsible for about ninety per cent of cases. Incidences in which tuberculosis has not been a factor have been reported by Browder,[5] Ehrlich,[8] Kahn,[14] Priest,[21] Kelly,[15] Bedford and Joules,[2] Kjaergaard,[16] Bock,[4] Hasney and Baum,[12] Cummings,[6] and many others. Asthma, as an etiological agent, has been observed by Benedict,[3] Emerson and Beeler[9] and Jeffrey.[13] Bock[4] claims that practically any disease of the lung may be complicated by a symptomatic pneumothorax, recidivation or relapse characterizing the so-called idiopathic variety. Spontaneous pneumothorax complicating influenza has been reported by Neffson and Bullova,[2] and one following otitis media by Allison, Hellier and Seed.[1] Stoloff[22] has reported a series of cases occurring in infants and children as a complication of the following conditions: emphysema, apoplexy, gangrene of the lung, pneumonia, pertussis, diphtheria, bronchiectasis, foreign body in the lung, infarct, abscess of the lung, typhoid fever and rupture of a subpleural abscess. Lemon and Barnes[17] of the Mayo Clinic have reported twenty-two cases, and Watson and Robertson[23] have reviewed some two hundred cases of non-tuberculous spontaneous pneumothorax. McMahon,[15] and Markson and Johnson[19] have given recent extensive reviews of the literature on this subject.

Conclusive evidence of a non-tuberculous etiology for spontaneous pneumothorax is best gained from careful study of autopsy material, if such becomes available to the physician. Few cases of proven etiology have been reported in any detail. Hence, this case becomes exceptionally interesting, for not only did physical and x-ray examination over a period of eight years fail to show evidence of tuberculosis, but careful study of the lungs at autopsy also failed to reveal any evidence of an acid-fast infection.

Case Report

This case was that of a young man, twenty-nine years of age, single, and a physician by occupation. Family history essentially negative. Past history revealed that the patient had had frequent attacks of follicular tonsillitis when he was a student in college. There was a history of chronic otitis media on the right side and mumps and chicken pox when he was child. The patient was of temperate habits. There was no history of cough, night sweats or hemoptysis. Three months previous to the present illness the patient underwent an operation for acute mastoiditis on the right side. The recovery was very slow, the patient losing his hearing for some time, and remaining in a very run-down condition. One afternoon while walking down the street he felt a severe pain in his left chest and collapsed on the sidewalk. His respirations became very labored and the pulse very fast, these conditions continuing until time of admission to the clinic.

Physical examination revealed a pale, undernourished young man, very ill in appearance and breathing with great difficulty. Coughing was frequent, motion in the left chest was very limited, and the intercostal spaces on that side were obliterated;

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voice sounds and vocal fremitus were absent on the left and there were no audible breath sounds; the heart was displaced to the right, the pulse was very rapid with occasional extrasystoles.

Laboratory data were unimportant except for a moderate secondary anemia.

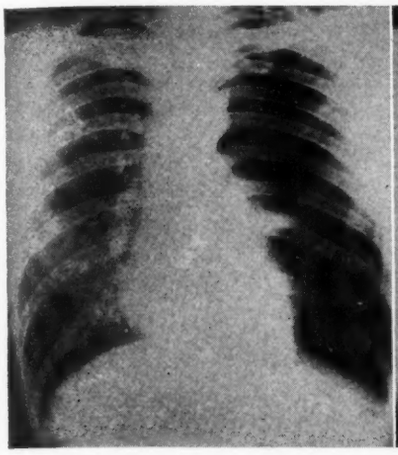

Fig. 1. Radiograph taken at time of the first spontaneous pneumothorax.

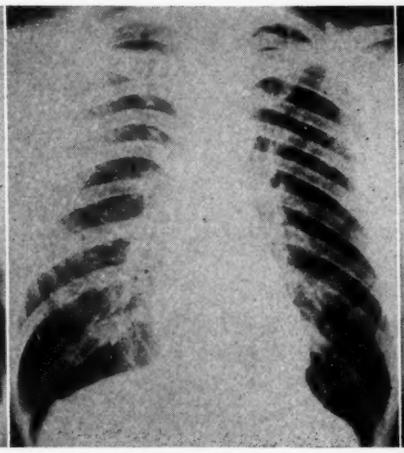

Fig. 2. Radiograph taken seven years after the first spontaneous pneumothorax.

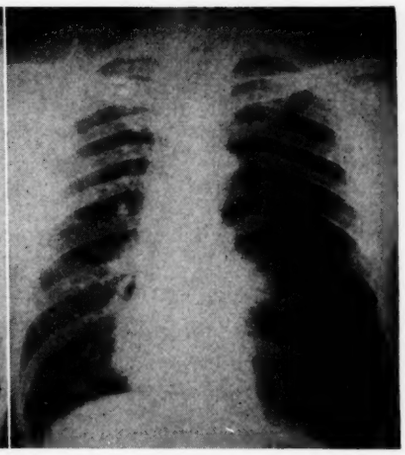

Fig. 3. Radiograph taken one month prior to death and demonstrating the recurrent spontaneous pneumothorax on the left side.

X-ray examination confirmed the clinical diagnosis of pneumothorax of the left chest.

This patient very slowly improved, although some respiratory embarrassment continued for several years, and he eventually regained good health. An x-ray examination at this time revealed no pathology in the lung.

About seven years after the original attack, the patient was again suddenly seized with acute pain in the left chest and labored respirations. X-ray examination revealed a recurrent pneumothorax on the left side, but he was not completely incapacitated and returned to part time duty within a few days. Frequent repeat x-rays of the chest showed a persistent partial collapse of the left lung. Some six months later he contracted a severe cold which was soon followed by the development of pneumonia of the right lower lobe, gradually spreading to the right middle lobe. His condition grew rapidly worse and, in spite of serum therapy, he eventually ended up in extremis. As exodus was imminent, it was decided to decompress the left lung. The re-expansion of the left lung was followed by a very dramatic return of consciousness on the part of the patient. The following day, however, the pneumonic process extended to left re-expanded lung and the patient succumbed within the next twenty-four hours.

The autopsy report (Osborne Brines, pathologist) read as follows:

"*Gross Appearance.*—The subject is a middle aged adult male exhibiting no important superficial markings other than subcutaneous congestion of the shoulders and neck.

"*Thoracic and Abdominal Examination.*—An incision was made for a thoracic autopsy extending two inches below the xyphoid cartilage. The left lung occupies about one-half of the left pleural cavity, and the remainder of the space is occupied almost entirely by straw-colored fluid containing flecks of fibrin and measuring between 1,500 and 2,000 c.c. There are no adhesions on either side. On the visceral pleural surface of the left lung there are numerous fibrous scars, areas of contraction, depressions, and fissures, over some of which fibrous bands have formed. Upon inflating the left lung a pin-point perforation in the visceral pleura is found at the junction of the diaphragmatic and mediastinal surfaces. There is partial consolidation of the lower lobe of the left lung and the surface is covered with a thin fibrinopurulent exudate. There is no enlargement of the hilus or the mediastinal nodes on either side. The right lung is considerably larger than normal and the right pleural cavity contains no fluid. The upper right lobe is emphysematous and the middle lobe is consolidated, a late red hepatization stage of lobar pneumonia being present. The right lower lobe is completely consolidated and represents a definite gray hepatization stage. The pleural surface of the right lung is smooth. There is no evidence of tuberculous infection in either lung. The gross appearance of the heart is normal. The liver is normal in color and on palpation the abdominal viscera exhibit no pathological changes.

"*Microscopic Examination.*—In one section of lung there is early consolidation. The alveoli elsewhere are normally distended. There is some anthracosis present. The pleura is hyperemic and slightly thickened. The alveolar exudate is more serous than purulent. In another section there is partial collapse of the alveoli, a few being normally distended. There is profuse alveolar exudate in this section which is chiefly purulent. The pleura here is definitely thickened, and in the outer zone there is some production of scar tissue. Another section is taken from a similar area in the same lung. The pleura here is thicker and more vascular, but not so fibrous. There is some mononuclear infiltration present also. Another section is almost completely atelectatic. In this section there is marked irregular pleural thickening with anthracosis, hyperemia, mononuclear infiltration and extensive fibrosis. At one point there is a deep scar extending about 6 mm. below the surface, and in this connective tissue zone there are dilated terminal bronchi arranged perpendicularly and extending almost to the surface. In this fibrous tissue there is found considerable anthracotic pigment. In addition to the perpendicularly lined tubules there is also one which is continuous with these but which runs parallel to the surface within the visceral pleura for a considerable distance. There is no evidence, however, that this communicates with the surface. In none of the sections is there definite evidence of tuberculous infection."

Final Diagnosis.—(1) Bilateral lobar pneumonia

involving the middle and lower lobes of the right lung and lower lobe of the left lung (oldest in the right lower lobe. (2) Partial atelectasis of the left lung. (3) Localized chronic pleuritis of the left lung with multiple small subpleural scars. (4) Small pleural sinus at the left base. (5) Left hydrothorax.

Conclusions

The explanation of the spontaneous pneumothorax in this case was obviously the small pleural sinus area at the left base, careful examination of the involved tissues at autopsy failing to reveal any evidence of a tuberculous process in the lungs. It would appear that some rather obscure factor, which, according to Bock,[4] produces injury to the visceral pleura by any one of several mechanisms, was present at some time in this case, the site of the pathologic change being in the region of the left base.

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DEPARTMENT OF INTERNAL MEDICINE
UNIVERSITY HOSPITAL, ANN ARBOR
STAFF CONFERENCE

L. R., a white American housewife, aged 39, was first admitted to the University Hospital on June 4, 1929, with signs and symptoms characteristic of moderately severe exophthalmic goiter. Her basal metabolic rate on admission was +47 per cent and after sedation, Lugol's solution, and bed rest for 26 days, at which time the B.M.R. was +62 per cent, a subtotal thyroidectomy was performed. Prior to operation it was found (on routine laryngoscopic examination) that she had a complete right recurrent laryngeal paralysis. Her course following the operation, however, was uneventful until the fourth day, when she developed twitchings of her extremities, carpo-pedal spasm, a Chvostek sign, and convulsions. The blood serum calcium was 5.7 mg. per cent. She was well controlled with viosterol, calcium lactate, hydrochloric acid, and paroidin (parathyroid extract). She was then discharged home August 27, 1929, and instructed to take the above medications. At the time of discharge her blood serum calcium was 10.7 mg. per cent.

In November, 1929, she developed joint changes of her fingers and left shoulder which were characteristic of chronic infectious arthritis. During an attack of so-called influenza in January, 1930, she discontinued the parathyroid extract, following which she did well until October, 1930, when blurring and dimness of vision became troublesome as a result of bilateral cataract formation. During the next five months all of her finger nails "dropped" off three times. In 1931 she had a cataract extraction and was discharged taking parathormone and calcium lactate once again. She returned December, 1933, for further cataract extraction and at this time her blood serum calcium was 5.4 mg. per cent on admission but was elevated to 7.3 mg. per cent at the time of discharge. A check-up examination in August, 1934, showed no changes. In 1935 a parathyroid transplant was performed from tissue cultures grown in the patient's own serum; this failed to benefit the patient and she was dicharged taking viosterol and calcium lactate. In 1937 she was instructed to adehere to a diet low in calcium and phosphate supplemented with calcium and dihydrotachysterol (A.T. 10). On this regime she did well, having frequent calcium and phosphorus determinations of her blood. It was noted that whenever an intercurrent infection developed, it was difficult to maintain her blood calcium and phosporus at near normal levels. The joint changes progressed until at the time of the present admission she had symptoms referable to her right hand and wrist,

shoulders, back and right knee. She returned at this time for a routine examination stating that she had been doing well and had been taking calcium lactate (5 per cent) 240 c.c. daily, a low calcium and low phosphorus diet and one c.c. of dihydrotachysterol (A.T. 10) daily.

The family and past histories were otherwise non-contributory except as noted above.

Physical examination: On admission her temperature was 99.5° F., pulse 105 per minute, respirations 20 per minute, and the blood pressure 130/96. She appeared well. There was slight swelling, tenderness and limitation of motion of the right wrist and hand; the rotatory motion of the vertebral column was slightly limited. The eyes showed bilateral surgical coloboma. There was partial edentulism, dental caries and gingivitis. An atrophic thyroidectomy scar was present. The examination of the heart, lungs, and abdomen revealed no abnormalities. There was a Chvostek and Trousseau sign demonstrable. The remainder of the examination was not abnormal.

Laboratory findings.—The urine examination was not abnormal. Blood stuudies: R.B.C. 4,470,000 per cu. mm.; Hb. 90 per cent, (Sahli); W.B.C. 11,000 per cu. mm., and an essentially normal differential count. The blood serum calcium was 9.5 mg. per cent and the phosphorus 3.7 mg. per cent.

Discussion

Dr. Cyrus C. Sturgis: This patient is of a great deal of interest to me. First, because she is a classical example of hypoparathyroidism. Secondly, because she has had a trial of all the treatments known for the management of this condition and now is being adequately controlled on the most satisfactory therapy.

Another interesting phase is the development of the cataracts, in addition to having lost her finger nails a number of times. She has developed an arthritis, but I do not know that this has any relationship to the other disease. The patient has developed temperature elevation this afternoon. Her last blood calcium was 9.5 mg. per cent and the phosphorus 3.7 mg. per cent.

Dr. Freyberg, you have watched this patient's course over a long period of time; would you like to open this discussion?

Dr. Richard H. Freyberg: During the past several years I have made a number of observations on this patient, who has been most coöperative. In general, the problem of parathyroid disease has been one of the most interesting developments in the last fifteen years, both in regard to hyperfunction and to deficiency of function. Most cases of hypoparathyroidism follow operations on the neck, chiefly for removal of a goiter, as in this patient. When hypoparathyroidism results after operation, it frequently is only temporary and after a few days or weeks may disappear entirely and never return. But occasionally permanent changes result, as has been the case in this patient, who has a clinical state of hypoparathyroidism of such a degree that she had severe symptoms in the way of muscle spasms. Occasionally there is seen the chronic hypoparathyroidism in which the first clinical evidence is cataract formation. At other times, the clinical evidence is demonstrated by different types of cerebral manifestations with true epileptiform seizures with all the characteristics of grand mal epilepsy. But the classical finding of hypoparathyroidism is the typical muscle contractures that produce carpo-pedal deformities. The blood findings are, of course, very characteristic, i.e., a low blood calcium and high phosphorus. At the time I first saw this patient she was at the stage of chronic muscle spasm, when the slightest irritation caused acute exacerbations and an increase in symptoms. The patient was totally incapacitated and worn out from such chronic spasm. The findings then were calcium 5.7 per cent, and phosphorus of 7 to 8 mg. per cent.

With the consent of the patient, a long-time study was conducted. We tried to make well-controlled observations of the various therapeutic agents that had been recommended for treatment of the condition. It was found that this patient was markedly benefited by a high intake of calcium in the form of calcium lactate. We observed no benefit from the taking of hydrochloric acid, nor any benefit from taking thyroid extract, which in many persons does change the calcium and phosphate metabolism in such a way to be beneficial in the lowered calcium state. The question of benefit from viosterol was at that time unsettled and we observed repeated conclusive evidence that viosterol taken in large doses was definitely helpful in this patient as there was a very definite increase in the calcium in the blood stream after the administration of large amounts of the drug. This patient was refractive to the injection of parathyroid hormone so that the problem of management was one without the use of this substance. We found the best results were attained by the use of a high intake of calcium by the addition of calcium lactate in association with the administration of large amounts of viosterol.

Another point of study was the diet in relation to this condition. By giving a diet high in calcium one is also adding large amounts of phosphorus, so we were therefore doing harm as well as good by such a diet. We observed very definite benefit when the diet was made poor in calcium and phosphorus and supplied the calcium in any of the non-phosphate salts. It was important in her case to take advantage of every little thing that could benefit her. With the intake of calcium medication and viosterol the patient was free of any frank symptoms, even in the presence of infection.

After a period of about a year, during which time the patient's condition was satisfactory, we were able to give a new form of therapy which is frequently referred to as A.T. 10. This is an irradiation product of viosterol. It was shown in 1934 by Holtz in Germany that it was very effective in raising the blood calcium. We began using this in the treatment of this patient and found, for the first time since the failure of effect from parathyroid extract, that we could increase the blood calcium to normal and, some time after that, the phosphorus would reach normal. It is worth while to point out here that as long as this medication has been used,

none of the patients have demonstrated any toxic manifestations nor any evidence that the patient's response wears out. The dose which maintained the patient a year ago is still maintaining her now. She feels better than ever before.

The mechanism of how A.T. 10 acts is unknown. Studies yield but very little information on this point. It is interesting that most of these patients who develop hypoparathyroidism either following operation or spontaneously are female patients. The menses tend to lower the blood stream calcium to a slight degree, and if they are low when menses begin it may cause the onset of symptoms of hypoparathyroidism. Infections tend to make it more difficult to control. Oftentimes concurrent with hypoparathyroidism there is thyroid deficiency; this patient, however, does not have this. In the four patients we have studied here, three have had an associated low thyroid state. Recently there has been pointed out a finding which is of great interest to me. Dr. Barr, with the association of Dr. McBryde, describes a patient with increased intracranial pressure and a choking of the discs as a result of a low blood calcium, of an idiopathic nature, in a female patient. This patient's history was such that she was thought to have a brain tumor, the choking of the discs amounting to 3 diopters in each eye. But the patient was treated with A.T. 10 as the blood calcium was found to be 5 mgm. per cent and the phosphorus correspondingly high. Within a week the chemistry of the blood was normal again and concurrent with this the cerebral spinal pressure returned to normal, the choking of the discs disappeared, and have remained so since.

In regard to the use of parathyroid extract and parathyroid transplants, one expects that the ideal thing is to supply the thing that is lacking. This medication was satisfactorily used in the prevention and treatment of parathyroid states; it was soon noted, however, that the patient became refractive to the treatment and the duration of time of development of such refractiveness was variable. Various studies were made here regarding that factor. I wish to give you my opinion regarding how and when such preparations should be used. In acute states where the patient needs immediate relief, I feel that parathyroid extract is indicated and intravenous injection of calcium should be given. I believe, however, that the parathyroid extract should not be employed for maintenance therapy. The patient should be maintained with proper diet and proper calcium medication and the use of A.T. 10. Parathyroid transplants have been tried for years but are not generally successful. Furthermore, the clinical studies (in regard to parathyroid transplants) that have been carried out in Baltimore have been very poor or complete failures. The use of A.T. 10 is the most beneficial when frank deficiency exists and an effort is made to quickly return the deficiency to normal. As much as 6 c.c. is given one day but when there is no urgent need, 2 to 3 c.c. may be given the first day or so and the medication controlled by frequent blood calcium value determinations. The maintenance dose varies between one-half and one c.c. of the medication daily.

In regard to the arthritis in this patient, I think it unlikely that it is related to the parathyroid disturbance. Recently some surgeons were removing parathyroid bodies as a treatment for arthritis and reporting some success but the evidence as obtained in other places is certainly against any association between parathyroid disease and arthritis. This patient has a characteristic rheumatoid arthritis and I think it developed entirely independent of the parathyroid disturbance. She had had frequent sore throats; her tonsils were thought to be in an unhealthy state and the tonsils were removed. Shortly after this, there developed the swelling of the wrists and hands. She is now comfortable so far as the parathyroid disturbance is concerned.

DR. STURGIS: Dr. Freyberg, is it your opinion that this A.T. 10 preparation acts in the same way as viosterol?

DR. FREYBERG: Viosterol has been shown to increase the adsorption of both calcium and phosphorus and it was with that in mind that we thought viosterol should benefit these patients but in our balance studies we failed to get any evidence of decrease in fecal calcium when viosterol was given. How A.T. 10 works I do not know.

DR. HENRY FIELD, JR.: I have been curious to know if there have been any recent experiments as to the mechanism of the reciprocal relationship of calcium and phosphorus in the blood. A good many years ago it was found that following the injection of phosphate into animals the calcium decreased as the phosphate increased.

DR. FREYBERG: I think the answer is still to be obtained. In cases of rickets or sprue, or in other cases of prolonged severe diarrhea, there may be a deficiency of both calcium and phosphorus in the blood stream. The effect of parathyroid hormone is best explained by the theory of Albright; there is some change that causes an increased excretion of phosphate and removal of it from the bones, in attempting to combat the lowered blood phosphorus in the blood stream. At the same time calcium is mobilized but the kidney cannot keep pace with the calcium excretion as it does with the phosphorus. Following injection of parathyroid extract the urinary phosphate increases before the urinary calcium.

DR. FRANK WILSON: Some ten years ago I was asked by the Department of Surgery to see a patient on refer who had had a thyroidectomy. At the time I arrived in the patient's room the intern came in with a syringe containing calcium. The patient had had one previous injection. Since there had been considerable question regarding the effect of calcium on the heart, I agreed to listen to the heart while the intern injected the calcium. The heart beat at the rate of 80; when he began the injection of this material the heart rate began to go up about 15 beats per minute, then it stopped and

(Continued on Page 831)

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"Every man owes some of his time to the upbuilding of the profession to which he belongs."

—THEODORE ROOSEVELT.

EDITORIAL

THE ANNUAL MEETING

THE big event in Michigan medicine is slated for September 19-22 at Grand Rapids. This number of THE JOURNAL contains the complete program, virtually three days of intensive postgraduate work. The program is varied enough to suit all requirements. The officers of the society have spared neither effort nor expense to induce speakers who are capable of reviewing the most recent achievements of medicine and surgery. Arrange your work so that you may be able to attend as many of the lectures as you are interested in. During the coming year, these papers—the majority of them—will be printed in THE JOURNAL of the Michigan State Medical Society. It will be our endeavor to present them to the best advantage assuring the author of our full coöperation in the matter of getting his paper before the reader as he would wish. The importance of having an opportunity to read the papers presented at the annual meeting is second only to hearing the presentation by the author.

Nor is this all. The annual meeting is an opportunity for the medical profession of the state to get together. Nothing is of greater importance than a better understanding of our common problems. To get together, to talk things over, to renew old acquaintances and to make new friends is necessary for a unified profession. Medicine in common with other professions and occupations is still confronted with a future that is to a certain extent obscure. Even the wide adoption of the principle of group medical care still leaves problems to be solved. Open and free discussion with a sincere endeavor to get together, give and take, will go a long way toward eliminating dark places. Be present at the annual meeting if at all possible.

THE ASPIRANT TO MEDICINE

DO YOU WANT TO BE A DOCTOR is the title of a book*, a number in a vocational series, which discusses the medical situation for the young man who looks forward to medicine as a career. The subject should interest a greater number of people including doctors themselves, than the prospective medical student. The author, Dr. Fishbein, does not hold out a rosy picture to the aspirant to medicine. Things are vastly different from what they were thirty years ago when almost anyone could say that he was "going into medicine" and could carry out his desire. Today the young man may meet all the academic requirements of the best medical schools, yet stand about one chance in ten of being admitted. In spite of indictments, the threat of socialized or state medicine, the science of medicine continues to be alluring to multitudes of young men. In his book, as intimated, Dr. Fishbein has presented the medical situation in a clear and unbiased light. He has described the young man's

*Frederick A. Stokes Company, New York, 1939.

prospects for entering upon the study of medicine anywhere on the continent. The future holds out nothing but work, premedical, and if the aspirant is the one out of ten to be accepted, work through the long academic as well as intern years.

The old proprietary medical school was self-sustained. The modern medical school with fees ranging from $200 to $500 a year, with the average of $254 paid by students, is far from being self-sustaining. Based on 1926-27, the cost of medical education per student per year was $705. It will be seen that the student's fees do not begin to cover the expense of his medical training. Time was when the older members of the medical profession worked their way through college. Today it is almost an impossibility. The battle is in favor of the well-to-do. In fact, in some medical schools, the poor (in purse) student, no matter how industrious, is not enthusiastically received. This is perhaps for his own good, for the demands of the curriculum are so great as to require all his time, leaving none for the important task of earning a living. He might better consider some other vocation.

PEPTIC ULCER

THIS is a perennial problem for the general practitioner, internist and surgeon. One of the prime causes is emotion, worry. With the insecurity of the past few years, the incidence of peptic ulcer has not decreased. Brown and Dolkart* have studied some 1,500 recurrences of ulcer over a period of fifteen years. The causative factors which resulted in the original ulcer were present for the most part in the recurrences. They found functional nervousness which included fatigue and anxiety to be the greatest single cause. Next in importance was acute infections as sore throat, sinus or an acutely abscessed tooth. Then followed indiscretions in diet.

Naturally, the nature of the treatment depends upon the etiologic factor. Someone has said that men are tormented by the opinions they have of things, rather than by the things themselves. If worry and anxiety as mentioned, are allowed to possess the patient, the success of the treatment will be doubtful. Much of the older therapy was more or less haphazard, of the "trial and error" sort. On the assumption that gastric or duodenal distress was due to an excess of acid or hyper acid gastric juice, alkalies were administered to neutralize the acidity. Regarding the relation of acidity to distressing symptoms, the authors mentioned, go on to say that "the spontaneous trends of the free acid levels were unrelated to the type of therapy, that fluctuations in gastric acidity bore no definite relationship to the onset of a recurrence of ulcer and that there was no correlation between the height of the free acid level and the degree of distress manifested by the patient." At the present, alkaline treatment has been superceded by frequent feedings of a bland, non-irritating diet.

In acute perforation and obstruction, where the stenosis is not spastic or due to edema, but due to cicatrization, the treatment is surgical. Surgery is the method of choice with many of those patients in whom gastric or duodenal distress does not respond satisfactorily to medical and dietetic management. Many cases of mass hemorrhage of mucosal origin do well on medical treatment followed by the administration of full diet. Meulengracht, quoted by Brown and Dolkart, reported a mortality of only 1.3 per cent in a group of 368 patients so treated. The clinical condition of the patient as well as the ulcer must be kept in mind. In some repeated blood transfusions may be indicated.

Colloidal aluminum therapy has been found preferable to alkalinization as a protection to the gastric mucosa. Kyger and Hashinger* conclude from a study of sixty-two proved cases of peptic ulcer that colloidal aluminum hydroxide is effective in a simple ambulatory regime in producing symptomatic relief in almost every ordinary case, and in promoting satisfactory x-ray improvement in most.

Peptic ulcer, however, must be regarded as chronic, which implies that patients must be kept under observation particularly during the spring and fall when a large percentage of ulcers have shown a tendency to recurr. The authors† conclude that the clinician should first consider the patient,

*Brown, C. F. G., and Dolkart, R. E.: An Evolution of the Therapy of Peptic Ulcer. Jour. A.M.A., Vol. 113, No. 4, 1939.

*Kyger, E. R., and Hashinger, E. W.: Treatment of Peptic Ulcer with Colloidal Aluminum Hydroxide. American Journal of Digestive Diseases, Vol. 6, No. 6.

†Brown, C. F. G., and Dolkart, R. E.: An Evolution of the Therapy of Peptic Ulcer. Jour. A.M.A., Vol. 113, No. 4, 1939.

secondly the bowel and last the ulcer. This means tranquility of mind, rest, diet (frequent feedings). They place colloidal aluminum hydroxide, and other medication as secondary in any plan of treatment. There is no form of therapy that will guarantee a permanent cure. In few other pathologic states is the intelligent coöperation of the patient so important. Often he must adjust his life habits, mental as well as physical, including dietary routine. This should be explained to him. With many this involves what they deem a sacrifice they are willing to undertake.

GADGETS A FACTOR IN EDUCATION

ONE effect of the invention and the evolution of tools is to extend our organs of special sense. Without them, our observation must of necessity be more or less superficial. The ancient star gazer never got further than astrology. The invention of the telescope and its progressive evolution made the astrologist an astronomer with all the mathematical complexity of celestial mechanics. The microscope made histology and pathology possible as well as bacteriology; with the microscope is accompanied the development of the various differential stains. The sphygmomanometer and the electrocardiograph have made cardiology a special branch of medical science. The stethoscope has been a contributing factor not only in understanding cardiac physiology and pathology, it has also led to an extention of our knowledge of pulmonary disease. The discovery of the x-rays and the development of x-ray technics have not only opened up new fields in every department of medicine in which variation in density is a factor, but have led to an extension of the science of physics in fields not dreamed of before Roentgen made his notable discovery.

Is it too much to conclude that the progress of medical science during the past half century—a progress that has been greater than that of all previous recorded time—has been due to a large degree to gadgets?

THE POLIOMYELITIS SITUATION

IT is rather difficult to be up to date in a monthly magazine on such a subject as poliomyelitis. The task is more easily accomplished in a weekly publication, but most of all in the daily newspaper. However, the daily newspapers of the state have contained timely articles inspired by various county and city health board reprints. The Michigan State Medical Society through its executive committee has been alive to the importance of the subject and has informed all the members of the society how to proceed in suspected cases of poliomyelitis. "The Michigan Poliomyelitis Commission," which is an emergency commission, simply for the duration of this epidemic, has organized a consultation service for the early diagnosis as well as prompt orthopedic care of persons afflicted. A list of consultants has been supplied in the various counties throughout the state, so that a consultant is available on short notice as well as near at hand.

Physicians have been accused of "chiseling" in regard to submitting, for free medical care, patients able to pay, without discrimination, or patients whose condition cannot be classed as emergency, along with indigents, the cost of whose medical care is to be met by the state. When the term is applied to physicians by and large, we resent it. In fact, we know of no instance in which it is true. However, there may be isolated instances; if so, they are so rare that they should not be coupled with the name of medicine. There is no profession or calling that has exerted greater efforts to clean house than the medical profession. One cannot indict a race, said Edmund Burke. One cannot indict a profession There may be a few scattered black sheep (we do not know of any). The medical profession has carried a noble tradition which never has turned a deaf ear to human suffering.

PLANNING AN ESTATE

By Henry C. Black and Allison E. Skaggs

PLANS for the accumulation of an estate must be flexible, and yet to a degree permanent. The requirements which an estate is expected to meet change as the years go by, and the plans made in the thirties are not necessarily the ones which work best in the fifties or sixties. An estate is not just something with which the doctor expects to support his family in the event of his death; it is also the means through which comforts and ease may be furnished in the doctor's declining years, at least the means of independence and self-support, rather than dependence on relatives, friends, or the state.

In the financial affairs of too many doctors we find two common errors: (a) the failure to plan clearly for the future, and (b) the failure to keep that plan clearly in mind. It should be very easy for anyone to define his financial goal in principle if not in degree. He might say, "What I want, financially, is enough to support my family modestly, own my own home, educate my children, and have something on which to retire when I get too old to work." Then why deviate from the plan which will eventually furnish all these things—buy "consolidated cats" and "malleable dogs" hoping against hope that they will furnish a magic short cut, instead of adhering to his original plan?

When a decision must be made relative to an investment, the purchase of insurance, building a home, or any other major financial problem, one good question to ask is "Does it fit into my ultimate plan?" "Will it further the accomplishment of my purpose, or am I going off on a tangent?" If it does fit into the plan without jeopardizing other commitments, and the money is available, the decision should be easy to make; otherwise it should be postponed until it does fit into the plan or else turned down permanently. The safest investment you or I can make, assuming our own solvency, is in our own obligations. In other words, why buy the stocks or bonds of the other fellow, until debts are paid? Why trade dollars, take double risks, and lose the difference in interest rates, when there is everything to lose and nothing to gain?

It would be next to impossible to outline a definite plan for building an estate which would be applicable to more than a few particular cases. Some few suggestions may be in order, however, which may help the individual in making his own plans.

The doctor's first responsibility is to buy enough life insurance to create a minimum estate, if in the event of death he is unable to create it otherwise. The amount that should be bought at this time varies with the individual, his income, the amount of his debts, the size of his family, the living standards to which they are accustomed, his and their ages, etc. To determine this amount we suggest a frank discussion of the problem with a competent insurance underwriter, not a man who wants you to buy "another five" or "another ten," not a salesman who wants to sell you first and give you "service" afterward, but a man willing and qualified to determine your needs, sell you the protection necessary to fill these needs, *and no more.*

The next responsibility is the retirement of any outstanding obligations *simultaneously* with the accumulation of a reasonable cash reserve for emergencies. These two requirements go hand in hand, for here again we too frequently see the error of attempting to pay debts without accumulating at the same time the cash reserve which guarantees a peace of mind worth far more than the amount involved.

When should the doctor buy his home? This question cannot be answered in these pages, were we competent to do so. Many never buy a home, others do so while in the early years of practice, long before they can pay much more than interest and taxes. The permanence of the location, the type of community, the family requirements, and many other considerations affect the answer to this question. When these considerations indicate the wisdom of buying or building a home, the financial picture need not necessarily be quite as conservative as it should be in making any other type of investment. For example, a substantial equity in a home might be considered ade-

(Continued on page 814)

President's Page

I WISH to take this public opportunity to thank all who have contributed to the successes of the year. The numerous committees and officers of the society and many not officially so designated have worked faithfully and at tremendous personal sacrifices to the end that the science and art of healing might be advanced and made more freely available to all the people of the state of Michigan.

The methods of distributing care have changed down through the years, but the spirit of the great healers still lives with their followers.

Search for truth, self-sacrifice and altruism have ever been present in the doctors of medicine and as long as these prevail the health of our people will remain at a high level.

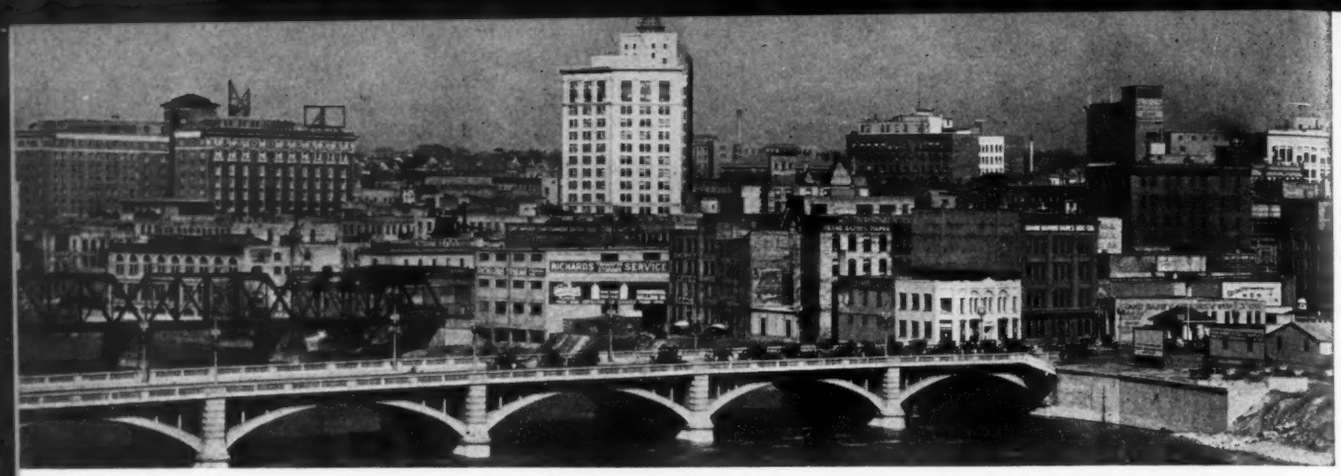
Foundations for many social adaptations have been outlined and it is sincerely hoped that future generations will view with approval the feeble but none the less sincere efforts of your retiring president who holds that the science of medicine and its distributors ever strive towards the highest plane of human achievement.

For my successor, Dr. B. R. Corbus, I wish the same loyal support you have rendered.

Yours, most sincerely,

Henry A. Luce

President, Michigan State Medical Society



GRAND RAPIDS, OUR 1939 CONVENTION CITY

AGAIN the attention of the medical profession of the state is focused on Grand Rapids, the location of the seventy-fourth annual meeting of the Michigan State Medical Society. Of the cities of Michigan, the second in size, Grand Rapids is well equipped to handle the medical convention which has grown increasingly popular with the doctors of the state, as evidenced by the increasing attendance of the past several years. Grand Rapids is attractive as a convention center from the standpoint of hotel accommodation, excellent auditorium with its large exhibit space, as well as the opportunities afforded doctors and their wives for recreation—sports, sightseeing and shopping.

The history of Grand Rapids is interesting. Since its founding in 1826 by Louis Campau, the city has attained a population of more than 170,000. The location is ideal in the valley of the Grand River, cooled during the summer by breezes from Lake Michigan, not more than thirty miles away. Great hardwood forests originally occupied this area, and were responsible for establishment of the furniture industry about one hundred years ago. The production of furniture has increased and today there are approximately seventy plants devoted to furniture making so that Grand Rapids is known as the furniture capital of America, as Detroit is the automobile capital. In 1938, the Grand Rapids Furniture Museum was opened, the only one of its kind in the world, displaying original masterpieces, the finest new creations of the world's most noted designers and craftsmen in rooms designed by able interior decorators. Here we have a history of furniture making in Grand Rapids through displays of the various periods, and the processes of furniture manufacturing.

Grand Rapids has all the advantages of a metropolitan city. The hotels are on a par with the finest of any great metropolitan center, with modern, fireproof accommodations for some 3,500 persons. The business district has several large department stores and many fine shops offering a great diversity of products. There are a number of modern, air-conditioned theaters in the down-town business area.

Pantlind Hotel

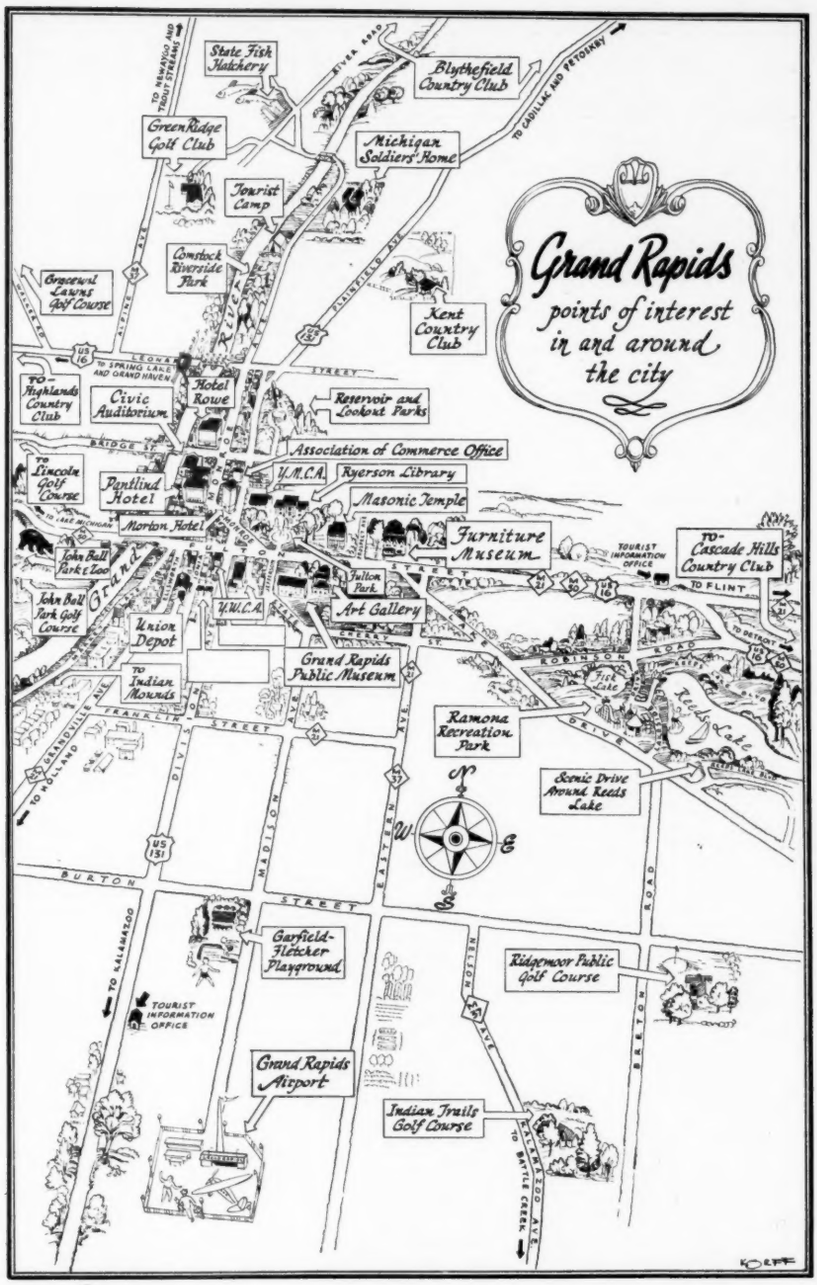
Perhaps the most outstanding feature of Grand Rapids is the beautiful and spacious Civic Auditorium. Opened to the public on January 1, 1933, it has been the center for numerous conventions as well as local performances of an educational or entertaining nature. The main auditorium seats 5,600 persons; it has at one end a stage, 98 feet wide and 36 feet deep, equipped with an excellent lighting arrangement. There is also another auditorium, known as the Black and Silver room, accommodating 900 persons, which can be converted into a ballroom. In addition, the Civic Auditorium has 44,000 square feet of exhibit space. A tunnel connects this great building with the largest hotel of the city, the Pantlind, located just across the street.

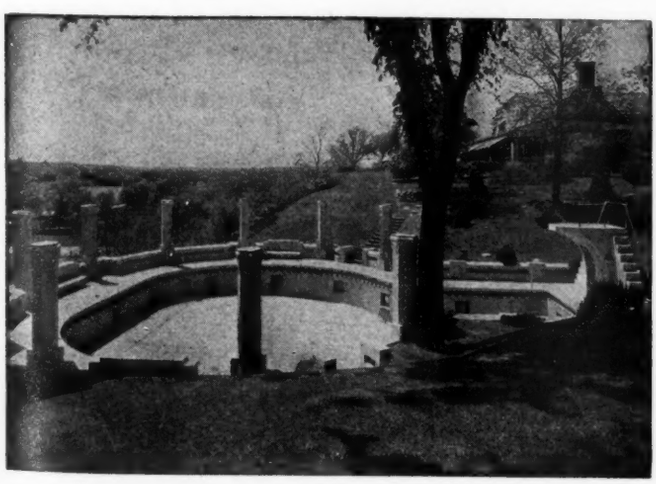
Grand Rapids is proud of its Public Library, containing nearly half a million books. The Art Gallery has an outstanding collection of permanent as well as loaned exhibits. Also the new Grand Rapids Public Museum offers a worth-

while exhibit of Indian relics and a complete display of Michigan fauna and flora.

In facilities for recreation, Grand Rapids is not found wanting. Many of the parks and playgrounds are equipped for sports including swimming pools. A popular pleasure spot is Ramona Park on Reeds Lake in East Grand Rapids. Here are all the thrills and excitement of an amusement park as well as fishing, bathing and cruising on a large passenger steamer. To delight the golfer, there are eleven first class golf courses in and around the city. There are a number of excellent municipal and public courses in addition to the private country clubs.

For anyone interested in sightseeing, a visit to the Dwight Lydell Fish Hatchery would be worthwhile. This is situated at Comstock Park, just north of the city. The hatchery is the largest in the country and is maintained by the State of Michigan to conserve the fish supply and to replenish the streams and lakes of



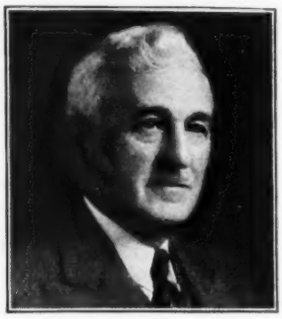


Swimming Pool at Blythefield Country Club

Western Michigan with perch, pike, bluegills, bass and trout. Another scenic feature consists of numerous Indian burial mounds near the river about three miles south of the city where spears, flint implements, pottery and delicately carved coral and other relics of archeological importance were found.

Of course, the full program of the annual meeting will demand the major interests of the visiting doctors. The sights of Grand Rapids enumerated above will be of interest to the wives of the doctors who look forward to this annual event.

The 1939 Meeting



H. A. Luce, M.D.
Detroit
President

P. R. Urmston, M.D.
Bay City
Council Chairman

P. A. Riley, M.D.
Jackson
Speaker, House of Delegates

OFFICIAL CALL

THE Michigan State Medical Society will convene in Annual Session in Grand Rapids on September 18, 19, 20, 21, 22, 1939. The provisions of the Constitution and By-laws and the Official program will govern the deliberations.

Henry A. Luce, M.D., President

P. R. Urmston, M.D., Chairman of The Council

Philip A. Riley, M.D., Speaker

Attest: L. Fernald Foster, M.D., Secretary

L. Fernald Foster, M.D.
Bay City
Secretary

Wm. A. Hyland, M.D.
Grand Rapids
Treasurer

B. R. Corbus, M.D.
Grand Rapids
President-Elect

CONVENTION INFORMATION

DIRECTORY

Headquarters.....Civic Auditorium

Registration....Exhibit Floor, Civic Auditorium

Hotel Headquarters.....Pantlind Hotel

Technical Exhibits.....Civic Auditorium

General Assemblies..Black and Silver Ballroom, Civic Auditorium

Publicity, Press Room.....Room "D" Civic Auditorium Telephone: 9-6266

Official M.S.M.S. Booth.....Exhibit Floor, Civic Auditorium

Woman's Auxiliary, Headquarters and Registration.....Pantlind Hotel

SYMPOSIUM ON "THE BUSINESS SIDE OF MEDICINE"

Monday, September 18, 1939
1:30 to 4:30 P. M.

Supper Club Room, Pantlind Hotel, Grand Rapids

Arranged for secretaries and office assistants of M.S.M.S. Members. Physicians and their wives are cordially invited.

JAMES B. STANLEY

ALLISON SKAGGS

Program

Presiding: PAUL W. WILLITS, M.D., Grand Rapids

1. "Practical Legal Highlights of a Doctor's Office" (30 min.)
   JAMES B. STANLEY, LL.B., Kalamazoo, Michigan

Question Period

2. "Office Procedures" (30 min.)
   ALLISON SKAGGS, Battle Creek, Michigan

Question period

3. Round Table Discussion (55 min.)

Favors for the Ladies

COUNTY SECRETARIES' CONFERENCE

Swiss Room **Pantlind Hotel**

Tuesday, September 19, 1939
5:30 to 8:00 P. M.

OTTO O. BECK, M.D., Birmingham, Presiding

THOS. A. HENDRICKS

"How Not to Make Laws and Influence Legislators"

THOMAS A. HENDRICKS, Indianapolis, Indiana, Executive Secretary, Indiana State Medical Association, and Indiana State Senator.

"Leadership by the County Medical Society" L. FERNALD FOSTER, M.D., Secretary, M.S.M.S., Bay City.

"Michigan's Group Medical Care Plan" HENRY A. LUCE, M.D., President, M.S.M.S., Detroit.

REFRESHMENTS DINNER PRESENTATIONS

All Members of the State Society will be Welcome at This Conference

Register—Exhibit Floor, Civic Auditorium Grand Rapids—as soon as you arrive.

Admission will be by badge only to all Scientific Assemblies and Section Meetings. Bring your M.S.M.S. or A.M.A. Membership Card to expedite registration.

No registration fee to members of the Michigan State Medical Society.

Hours of Registration: Daily 8:30 A. M. to 6:00 P. M. on Monday, Tuesday, Wednesday, Thursday, and to 4:00 P. M. on Friday.

* * *

Guests—Members of the American Medical Association from any state, or from a province of Canada, and physicians of the Army, Navy and U. S. Public Health Service are invited to attend, as guests. Please present credentials at Registration Desk.

Bona-fide doctors of medicine serving as internes, residents, or who are associate or probationary members of county medical societies, if vouched for by an M.S.M.S. Councilor or the president or secretary of the county medical society, will be registered as guests. (Please present credentials at Registration Desk.)

* * *

Register at each booth in the Grand Rapids Exhibit. Your friend, the exhibitor, will appreciate your visit and interest.

Physicians, not members, if listed in the American Medical Directory, may register as guests upon payment of $5.00. This amount will be credited to them as dues in the Michigan State Medical Society FOR THE BALANCE OF 1939 ONLY, provided they subsequently are accepted as members by their County Medical Society.

* * *

Michigan State Medical Society Headquarters are adjacent to the Registration Desk at the entrance to the Exhibit Hall. An M.S.M.S. Councilor or Officer will be in attendance at all times.

* * *

Ten General Assemblies, Tuesday, Wednesday, Thursday and Friday, September 19, 20, 21, 22.

* * *

Papers will begin and end on time!

* * *

Public Meetings—The evening assemblies of Tuesday, Wednesday and Thursday, September 19, 20, and 21, will be open to the public. Invite your patients and other friends to these three great meetings:

1. Medical Service Night, Tuesday—Civic Auditorium.
2. President's Night, Wednesday—Civic Auditorium.
3. Postgraduate Convocation, Thursday—Civic Auditorium.

* * *

All Section Meetings will be held on Wednesday morning only, September 20.

* * *

Parking—Do not park your car on the street. Convention parking near the Civic Auditorium will be marked off with suitable sidewalk signs. The Grand Rapids Police Department will issue courtesy cards (at Registration Desk) for out-of-town autos which give parking privileges but do not apply to metered spaces. Nearby parking lots are available, as well as convenient indoor parking facilities. The indoor parking rates at the Pantlind Garage is 50c for 24 hours. Parking is free for 24 hours with one of the following services (a) car wash; (b) complete lubrication; (c) oil change; (d) purchase of 10 gallons of gasoline.

* * *

Papers will begin and end on time!

* * *

The Preventive Medicine Committee Reunion, for present and past members of the M.S.M.S. Preventive Medicine Committees, will be held Thursday, September 21, 1939, 12:30 to 1:30 P. M. in the Swiss Room of the Pantlind Hotel.

Dr. Lloyd D. Felton of Washington, D. C., will be guest speaker. His subject will be "Host Factors in Pneumonia."

All members of the M.S.M.S. are cordially invited to attend this subscription luncheon.

* * *

Papers will begin and end on time!

* * *

Acknowledgment: The Michigan State Medical Society sincerely thanks the following friends for their sponsorship of lectures at the 1939 meeting:

Sponsor and Lecturer—Children's Fund of Michigan, *Richard M. Smith, M.D.,* Boston; W. K. Kellogg Foundation, *LeRoy A. Calkins, M.D.,* Kansas City; Michigan Crippled Children Commission, *Philip Lewin, M.D.,* Chicago; Michigan Crippled Children Society and Michigan Department of Education, *Arch O. Heck, Ph.D.,* Columbus, O.; Michigan Department of Health, *Lloyd D. Felton, M.D.,* Washington, D. C.; Michigan Tuberculosis Association, *James Alexander Miller, M.D.,* New York; Children's Bureau, *Robert C. Hood, M.D.,* Washington, D. C.

* * *

Papers will begin and end on time!

* * *

Get Acquainted Dinner for all Medical Women, sponsored by the Grand Rapids Women Physicians, will be held Tuesday, September 19, 6:30 P. M., Pantlind Hotel, Grand Rapids. Chairman of the Hostess Committee is Ruth Herrick, M.D., 26 Sheldon Avenue, S. E., Grand Rapids.

A Special Meeting on Medical Service Problems will be held Sunday, September 17, 1939, at 8:30 P. M. in the Grand Ballroom, Pantlind Hotel, Grand Rapids. All M.S.M.S. Delegates and Members are invited and urged to attend this session at which Group Medical Care Plans, Welfare, and the Afflicted-Crippled Children Laws will be discussed.

In case of emergency, doctors will be paged from the meetings by announcement on the screen. Telephone numbers in the lobby of the Black and Silver Ballroom are: 9-1547; 9-1716; 9-1738.

* * *

Telephone Service—Local and long-distance telephone will be available at entrance to Black and Silver Ballroom, Civic Auditorium; also in Pantlind Hotel.

* * *

Essayists Are Very Respectfully Requested not to change time of lecture with another speaker without the approval of the General Assembly. This request is made in order to avoid confusion and disappointment on the part of the audience.

* * *

Technical Exhibits open daily at 8:30 A. M. and close at 6:00 P. M. with the exception of Friday, when the technical exhibits will close at 3:00 P. M. Intermissions to view the exhibits have been arranged during the morning and afternoon General Assemblies.

Please Register at Each Booth.

* * *

Golf Tournament—Sunday, September 17, 1939, beginning at 1:00 P. M. at beautiful Blythefield Country Club. Plan to participate in this 18 hole tournament and win a prize. Competition open to all members of the Michigan State Medical Society with scores from 60 to 260! Banquet and presentation of prizes will climax the day. The price: $3.50.

* * *

Guest Golf—The Kent County Medical Society has arranged that M.S.M.S. members may play at all country clubs of Grand Rapids upon presentation of M.S.M.S. membership card and payment of greens fees.

* * *

Save an Order for the M.S.M.S. Exhibitor.

PROGRAM SYNOPSIS

SUNDAY, SEPTEMBER 17

1:00 P.M. MSMS Golf Tournament
Blythefield Country Club, Grand Rapids

4:00 P.M. Meeting of The Council, MSMS
Blythefield Country Club

7:00 P.M. Golfers' Banquet and Presentation of Prizes
Blythefield Country Club

8:30 P.M. Special Meeting for Delegates and Members
Grand Ballroom, Pantlind Hotel

MONDAY, SEPTEMBER 18

8:00 A.M. Delegates' Breakfast
Swiss Room, Pantlind Hotel

9:00 A.M. First Session, House of Delegates
Grand Ballroom, Pantlind Hotel

1:30 P.M. Symposium on "Business Side of Medicine"
Supper Club Room, Pantlind Hotel

3:00 P.M. Second Session, House of Delegates
Grand Ballroom, Pantlind Hotel

8:00 P.M. Third Session, House of Delegates
Grand Ballroom, Pantlind Hotel

TUESDAY, SEPTEMBER 19

8:30 A.M. Registration: Exhibits Open
Exhibit Floor, Civic Auditorium

9:30 A.M. First General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program, see page 791)

12:30 P.M. Committee Organization Luncheon
For Chairmen of 1939-40 Committees
Room 222, Pantlind Hotel

1:30 P.M. Second General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program, see page 792)

5:30 P.M. County Secretaries' Conference
Swiss Room, Pantlind Hotel

8:00 P.M. Third General Assembly
Black and Silver Ballroom, Civic Auditorium
PUBLIC MEETING—"Medical Service Night"
(For detailed program, see page 793)

WEDNESDAY, SEPTEMBER 20

8:30 A.M. Registration: Exhibits Open
Exhibit Floor, Civic Auditorium

9:30 A.M. Meetings of Sections:

General Medicine
Grand Ballroom, Pantlind Hotel
(See page 794)

Surgery
Black and Silver Ballroom, Civic Auditorium
(See page 794)

Obstetrics and Gynecology
Supper Club Room, Pantlind Hotel
(See page 794)

Ophthalmology
Directors' Room, Civic Auditorium
(See page 794)

Otolaryngology
Room "G," Civic Auditorium
(See page 794)

Pediatrics
Red Room, Civic Auditorium
(See page 795)

Dermatology and Syphilology
Room "F," Civic Auditorium
(See page 795)

1:30 P.M. Fourth General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program, see page 796)

8:00 P.M. Fifth General Assembly
Black and Silver Ballroom, Civic Auditorium
PUBLIC MEETING — "President's Night"
(For detailed program, see page 797)

THURSDAY, SEPTEMBER 21

8:30 A.M. Registration: Exhibits Open
Exhibit Floor, Civic Auditorium

9:30 A.M. Sixth General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program, see page 798)

12:30 P.M. Maternal Health Luncheon
Room 222, Pantlind Hotel

12:30 P.M. Preventive Medicine Committee Luncheon
Swiss Room, Pantlind Hotel

1:30 P.M. Seventh General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program, see page 799)

8:00 P.M. Eighth General Assembly
Black and Silver Ballroom, Civic Auditorium
PUBLIC MEETING—"Postgraduate Convocation"
(For detailed program, see page 801)

FRIDAY, SEPTEMBER 22

8:30 A.M. Registration: Exhibits Open
Exhibit Floor, Civic Auditorium

9:30 A.M. Ninth General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program, see page 801)

1:30 P.M. Tenth General Assembly
Black and Silver Ballroom, Civic Auditorium
(For detailed program, see page 802)

4:30 P.M. End of Convention

SCIENTIFIC EXHIBIT

Space No.	Exhibitor	Title of Exhibit
1.	American Medical Association	Industrial Health
2.	Eloise Hospital, Eloise	(a) Trichinosis (b) Photography of eye in color (c) Laparoscopic biopsy and photography
3.	Michigan Society for Mental Hygiene	Mental Hygiene
4.	Grace Hospital, Detroit	(a) Management of Acute Head Injury (b) The Effect of Isotonic Fluids, Sedatives and Narcotics in Acute Head Injury
5.	Michigan Department of Health	Schistosome Dermatitis
6.	Michigan Tuberculosis Association	Morphologic Biology of Tuberculosis
7.	Michigan Division, Woman's Field Army of the American Society for the Control of Cancer—in co-operation with the Cancer Committee, Michigan State Medical Society.	Cancer Exhibit
8.	Detroit Diabetic Association	Diabetes Mellitus
9.	North End Clinic, Detroit	(To be announced)

Woman's Auxiliary

Mrs. P. R. Urmston
President

MRS. P. R. URMSTON
President, Woman's Auxiliary
and
The Executive Board
cordially invite
Members of the Woman's Auxiliary
to attend the Convention
September 19-22, 1939
Hotel Pantlind
Grand Rapids, Michigan

Mrs. H. S. Collisi
Convention Chairman

OFFICERS, 1938-1939

Mrs. P. R. Urmston, Bay City.....President
Mrs. L. G. Christian, Lansing...President-Elect
Mrs. Roger V. Walker, Detroit...Vice President
Mrs. R. E. Scrafford, Gay City.....
Secretary-Treasurer
Mrs. G. C. Hicks, Jackson.....Past President
Mrs. Guy L. Kiefer, East Lansing.....
Honorary President

PROGRAM

Tuesday, September 19, 1939

10:00 A.M. Registration—Pantlind Hotel

1:00 P.M. Luncheon, Pre-Convention Board Meeting—Pantlind Hotel

1938-39 Board Members and County Presidents.

6:45 P.M. Reception

Honorary National President, Mrs. Rollo K. Packard
Mezzanine—Pantlind Hotel

7:30 P.M. Banquet—Pantlind Hotel Grill

Presiding Officer—Mrs. Paul R. Urmston
Chairman—Mrs. Harrison S. Collisi
Introduction of Past Presidents
Address—Mrs. Rollo K. Packard, Chicago, Ill.
Subject: "Functions of the Auxiliary"

9:00 P.M. Fashion Show—Pantlind Hotel

Wednesday, September 20, 1939

9:00 A.M. Business Session, Pantlind Hotel, Swiss Room

Presiding—Mrs. P. R. Urmston
Address of Welcome—Mrs. William Butler
Response—Mrs. F. T. Andrews
In Memoriam—Mrs. James H. Dempster
Reading of Minutes—Mrs. R. E. Scrafford
Report of Treasurer—Mrs. R. E. Scrafford
Auditor's Report—Mrs. R. E. Scrafford
Report, Convention Chairman—Mrs. Harrison Collisi
Credentials and Registration—Mrs. Henry J. Pyle
Report of Special Committee and President's Message—Mrs. P. R. Urmston
Reports of Standing Committees
Reports of County Presidents
Report of Committee on Nominations
Election and Installation of Officers
Presentation of Pin
Courtesy Resolutions—Mrs. F. T. Andrews
Adjournment
(All doctors' wives are invited to attend)

1:00 P.M. Luncheon—Kent Country Club

Presiding—Mrs. Harrison S. Collisi, Convention Chairman
Honor Guests
Mrs. Rollo K. Packard
National President, A.A.M.A.
Henry A. Luce, M.D.
President M.S.M.S.
Burton R. Corbus, M.D.
President-Elect, M.S.M.S.
L. C. Harvie, M.D.
Chairman, Advisory Council
Paul R. Urmston, M.D.
Chairman, Council M.S.M.S.
Wm. R. Torgerson, M.D.
President Kent County Medical Society
L. Fernand Foster, M.D.
Secretary, M.S.M.S.
Mr. William J. Burns
Executive Secretary, M.S.M.S.
Address: Mr. Lee A White
"What Can We Believe?"

4:00 P.M. Post-Convention Board Meeting

Presiding—Mrs. L. G. Christian
1939-40 Board Members

10:30 P.M. Music and Dancing—Pantlind Grill Supper Club Room

PROGRAM of GENERAL ASSEMBLIES

TUESDAY MORNING
September 19, 1939

First General Assembly

Black and Silver Ballroom, Civic Auditorium

W. H. HURON, M.D., Presiding

L. FERNALD FOSTER, M.D. and PAUL W. KNISKERN, M.D., Secretaries

A. M.

9:30 "Surgical Treatment of Ulcerative Colitis"

RICHARD B. CATTELL, M.D., Boston, Mass.

RICHARD B. CATTELL

Surgeon, Lahey Clinic, New England Deaconess Hospital and New England Baptist Hospital.

The management of ulcerative colitis is considered to be primarily a medical problem. The course of the disease, however, in its severe manifestations has proved that medical treatment is not effective in all cases. From the experience in this clinic, 41 per cent of the patients have unsatisfactory relief of symptoms or recurrence of the disease. These unsatisfactory cases are due to complications unrelievable by other than surgical means.

Operation in our experience is elected early in the course of unsatisfactory medical management in order to avoid the high mortality following operation in these poor risk patients. Ileostomy, partial colectomy and complete colectomy constitute the valuable surgical procedures in these cases. The management of ileostomy, technic of operation and results of surgical treatment will be presented.

10:00 "Treatment of Male Hypogenitalism"

W. O. THOMPSON, M.D., Chicago, Ill.

W. O. THOMPSON

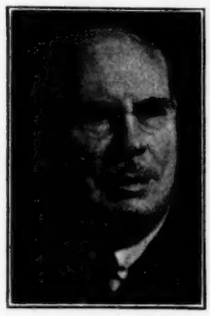
Associate Clinical Professor of Medicine, Rush Medical College of the University of Chicago. Associate Attending Physician, Presbyterian Hospital, Chicago. Formerly Research Fellow in Medicine, Harvard Medical School and in charge of Metabolism Laboratory, Massachusetts General Hospital.

The development of secondary sexual characteristics depends upon the production of male sex hormone by the interstitial cells of the testis. Hypogenitalism in most instances is secondary to hypopituitarism but in some instances (eunuchoidism) is caused by faulty development or atrophy of the testis. The treatment must therefore either stimulate the testis to greater activity (stimulation therapy) or replace the hormonal deficiency (replacement therapy). For stimulation therapy various gonadotropic factors are used, and for replacement therapy, male sex hormone (testosterone propionate). With these two types of therapy it is possible to produce striking genital growth and overcome any deficiency of male sex hormone production. Examples will be shown of the effect of treatment with gonadotropic factors in boys with undescended testes and in boys and men with the Fröhlich syndrome; and the effect of treatment of eunuchoidism with male sex hormone, before and after the age of puberty.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Endocrinology—Its Application to the Human Needs"

JAMES R. GOODALL, M.D., Montreal, Quebec



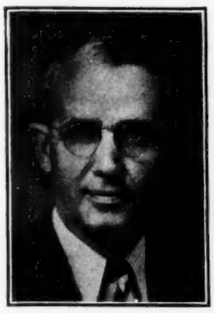
JAMES R. GOODALL

Professor Clinical Gynecology and Obstetrics (McGill); Gynecologist and Obstetrician to the Royal Victoria Hospital; Consultant (in charge) St. Mary's Hospital (Montreal); Consultant Gynecologist and Obstetrician to the Homeopathic Hospital and the Jewish General Hospital (Montreal).

Endocrinology is the science of the glands of internal secretion. Certain glands of internal secretion have been known for generations, but the action of these and of others is a recent discovery. The subject has now broadened to include all those body secretions that govern function—that govern and regulate, but do not create function. Function itself is inherent in the specific organ itself. But its governance is vested in some gland. In this way glands are the coördinators of function in the whole body, so that organs are not working at cross purposes. The functions of the body are coördinated by the autonomic nervous system. The human body contains two complete nervous systems: the one commonly known to the laity as the brain and spinal cord and their ramifications to every part of the body is fed by experiences through the five senses, and thereby gives man his orientation in the universe; the other, the autonomic system, has no external end-organs, but links up the various organs in a system of telephony whereby a maximum of function is effected with a minimum of effort.

11:30 "Public School Problems in Special Classes"

ARCH O. HECK, Ph.D., Columbus, Ohio



ARCH O. HECK

Professor of Education, Ohio State University; B.S., Hedding, Colo.; M.S., University of Illinois; Ph.D., Ohio State University; Principal, Hedding Academy, 1914-17; Head, Physics Department, Richmond, Indiana, High School, 1918-19; Director Research Department, Akron, 1920-23; Assistant Professor, School Administration, 1924-28; Associate Professor, School Administration, 1928-33. Author of "Education of the Exceptional Child"; "Pupil Personnel" and "Child Accounting."

Special education is currently defined as the education of all types of exceptional children—the deaf, the blind, the speech defective, the cripple, the delicate child, the socially handicapped, the subnormal and the gifted.

The number of such exceptional children is not yet rightfully appreciated by laymen or schoolmen. Even less well appreciated is the necessity for developing a special program of education for such groups. The necessity for developing special programs for the prevention of those conditions which result in one or the other of these handicaps is as yet generally unrecognized.

ACKNOWLEDGMENT: The Michigan Crippled Children Society and the Michigan Department of Public Instruction are sincerely thanked for their sponsorship of this lecture.

TUESDAY MORNING
September 19, 1939

M.

12:00 "Recent Advances in Ophthalmology"

SANFORD R. GIFFORD, M.D., Chicago, Ill.

SANFORD R. GIFFORD

M.A., University of Nebraska 1924; M.D., University of Nebraska, 1918; First Lt. United States Medical Corps 1918-1919; Professor of Ophthalmology at Northwestern University since 1929; Attending Ophthalmologist at Cook County Hospital, Passavant Memorial Hospital and Wesley Memorial Hospital; Associate Editor of Archives of Ophthalmology.

1. Trachoma. Its etiology. Importance of epithelial inclusion bodies. Work of Thygesion, Lindner and others. Possible relationship to Rickettsia group of viruses. Relation of trachoma to inclusion blenorrhea.

2. Surgical treatment of Retinal Detachment, Work of Gonin, Afar, Walker, Weve and others. Importance of Retinal holes. Method of closing holes by micro-coagulation. Results.

3. Keratoplasty. Limited field of corneal grafting. Methods of Filatow, Castroviejo and others. Requirements: a partially clear cornea with normal posterior segment.

P. M.

12:30 End of First General Assembly Luncheon

VIEW THE EXTRAORDINARY EXHIBIT OF 100 SPACES

TUESDAY AFTERNOON
September 19, 1939

Second General Assembly

Black and Silver Ballroom, Civic Auditorium

ROY H. HOLMES, M.D., Presiding
L. FERNALD FOSTER, M.D., and F. BRUCE FRALICK, M.D., Secretaries

1:30 "Gastrointestinal and Hepatic Function in Congestive Circulatory Failure"

JONATHAN CAMPBELL MEAKINS, M.D., Montreal, Quebec

J. C. MEAKINS

Charter Fellow and First President (1929-31), Royal College of Physicians and Surgeons of Canada; Fellow of the American College of Physicians, 1928; Member of the Board of Regents 1928-38; President 1934-35; President, Canadian Medical Association, 1935-36; and Member of the American Board of Internal Medicine, 1936.

Our knowledge of circulatory failure has been accumulated with much patience and labor. The anatomical, hydrodynamic and physical aspects in many organs have been studied in much detail but still the secret of its initiation and perpetuation remains elusive. Enlargement of the liver may be early and progressive. At the autopsy table nutmeg liver and cyanotic atrophy have been described but little attention has been paid to the functional and nutritional results of these and their importance. Further, the impairment of the gastrointestinal circulation has also been neglected. It is with these aspects of circulatory failure that the present communication deals.

2:00 "Adolescence"

BERT I. BEVERLY, M.D., Chicago, Ill.

BERT I. BEVERLY

"Assistant Professor of Pediatrics; Head of Clinic in Pediatrics Department, Rush Medical College, University of Chicago; Associate Attending Neurologist, Children's Memorial Hospital; Staff, Presbyterian Hospital, Chicago. Fellow American Academy of Pediatrics; Chairman Mental Hygiene Committee of American Academy of Pediatrics.

Adolescence is the period during which children grow up and take on the characteristics of adults. Like any other period of growth, it has characteristics and presents problems which are both general and peculiar to that phase of development. Emotional problems are the most important and least understood. The seriousness of these problems depends upon early training. It is necessary to understand them if we are going to help boys and girls through this difficult period.

2:30 INTERMISSION TO VIEW THE EXHIBITS

P. M.

3:00 "Evaluation of Total, Differential and Absolute Leukocyte Counts"

EDWIN E. OSGOOD, M.D., Portland, Ore.

EDWIN E. OSGOOD

University of Oregon Medical School, 1924; Assistant Professor of Biochemistry, 1928-33; Director of Laboratories, 1928-36; Assistant Professor of Medicine, 1929-39; Associate Professor of Medicine, 1939; Head of the Division of Experimental Medicine, 1936 to present. Member of American Society for Clinical Investigation; American Society of Clinical Pathologists.

Sources of error in the counting of the different kinds of white blood corpuscles and the diagnostic help which such counts may give the physician will be described. Tables aiding the physician or technician to recognize and name the different kinds of white blood corpuscles will be shown. New data on the normal types and numbers of white blood corpuscles in the blood of healthy persons of different age and sex groups will be given. The value of changes in the appearance of the white blood corpuscles as a method of determining the seriousness of an illness will be discussed. The diagnosis of the different types of leukemias will be discussed.

TUESDAY AFTERNOON
September 19, 1939

3:30 "Certain Symptoms Common to the Nose, Explained on a Physiologic Basis"

H. I. LILLIE, M.D., Rochester, Minn.

H. I. LILLIE

Received the degree of B.A. in 1910 and of M.D. in 1912 from University of Michigan. Chief of the Section on Otolaryngology and Rhinology The Mayo Clinic; Professor of Otolaryngology and Rhinology, the Mayo Foundation, University of Minnesota; Attending. Otolaryngologist and Rhinologist of the Kahler, St. Mary's, and Colonial Hospital Rochester, Minn.; Medical Head of the Worrall Hospital, Rochester, Minn.; Past-President of the American Laryngological, Rhinological and Otological Society, Inc.

Because the actual physiologic activity of the upper part of the respiratory tract was hardly touched upon, perhaps not even mentioned, during their school years, physicians in general can hardly be expected to know much about the subject. Certain phenomena referable to the nose, quite normal in the final analysis, cause patients to complain because they do not understand. It should be incumbent on their medical advisers to distinguish between physiologic and pathologic symptoms referable to whatever system to which the complaint is referred. It happens that the nose performs its function in an orderly manner by virtue of its wonderfully adaptive physiologic mechanism. This mechanism is described and variations in responses due to environment are explained.

4:00 "The Management of Gastric and Duodenal Ulcer"

I. S. RAVDIN, M.D., Philadelphia, Penna.

I. S. RAVDIN

Harrison Professor of Surgery, School of Medicine, University of Pennsylvania and Director of the Harrison Department of Surgical Research, School of Medicine, University of Pennsylvania; Surgeon, Hospital, University of Pennsylvania.

The etiologic factors concerned with gastric and duodenal ulcer are still not clearly defined, but there is a good deal of evidence to suggest that these lesions are associated with disturbances in nutrition. In the majority of instances the uncomplicated gastric or duodenal ulcer is a medical problem. Surgery is useful in the management of certain of the complications of ulcer. A rational program for the management of ulcers will be presented, together with the indications for operation and the pre- and post-operative management.

4:30 End of Second General Assembly

THE ONE HUNDRED EXHIBITS WILL REMAIN OPEN FOR YOUR INSPECTION UNTIL 6:00 P. M.

TUESDAY EVENING
September 19, 1939

Third General Assembly
Public Meeting

Black and Silver Ballroom, Civic Auditorium

BURTON R. CORBUS, M.D., Presiding
L. FERNALD FOSTER, M.D., Secretary

MEDICAL SERVICE NIGHT

8:00 "Democracy at the Cross Roads"

EDWARD J. MCCORMICK, M.D., Toledo, Ohio

E. J. MCCORMICK

A.B., St. John's University, 1911; M.A., St. Louis University, 1913; M.D., St. Louis University, 1915. First Lieutenant Medical Corps U. S. A., attached to 46th North Midland Division, B.E.F., 1917-19; Captain and Major in 1919; Military Cross (British). Chief of Staff St. Vincent's Hospital, Toledo, 1939; Fellow, American College of Surgeons since 1924; Fellow, International College of Surgeons, 1939; member of American Medical Association, American Association for Advancement of Science, and Diplomate of American Board of Surgery, 1939; member of Alpha Omega Alpha, and Phi Beta Pi. Grand Exalted Ruler Benevolent and Protective Order of Elks of U. S. A., 1938-39.

Time will be devoted to a consideration of the development of the youngest nation in the world under a government by and for the people. The various inroads that are being made by a "boring from within program" which threatens the democracy of the United States, will be pointed out. In conclusion, Doctor McCormick will point out that the present-day efforts to change medical practice in the United States are the back-wash of Communism and Totalitarianism upon our shores and that the interference with private initiative in medicine and surgery is but the opening wedge for the same type of interference in every business and profession.

End of Third General Assembly

Conference for Office Secretaries

Doctor, send your office secretary to Grand Rapids on Monday afternoon, September 18, 1:30 p. m. to 4:30 p.m.

Her attendance at the Symposium on

"The Business Side of Medicine"

will bring beneficial results to you, in the conduct of your office. Please note program on page 787.

PROGRAM of SECTIONS

WEDNESDAY MORNING
September 20, 1939

SECTION ON GENERAL MEDICINE

Chairman: Douglas Donald, M.D., Detroit
Secretary: Paul W. Kniskern, M.D., Grand Rapids

Grand Ballroom, Pantlind Hotel

A. M.

9:30 to 10:00 Round Table Discussion on Functional Gastro-Intestinal Disorders

Conducted by J. C. Meakins, M.D., Montreal

10:00 to 10:30 "Outbreak of Undulant Fever at Michigan State College"

Chas. F. Holland, M.D., East Lansing

10:30 to 11:00 "Differentiation of Types of Arthritis, Especially in Regard to Treatment"

Richard H. Freyberg, M.D., Ann Arbor

11:00 to 11:30 "Renal Insufficiency"

Edgar Norris, M.D., Detroit

11:30 to 12:00 "Recent Contributions to the Treatment of Addison's Disease"

W. O. Thompson, M.D., Chicago

12:00 to 12:30 "Gastroscopy"

H. M. Pollard, M.D., Ann Arbor

Election of Officers

SECTION ON SURGERY

Chairman: Wm. A. Hyland, M.D., Grand Rapids
Secretary: Ira G. Downer, M.D., Detroit

Black and Silver Ballroom, Civic Auditorium

"Symposium on the Acute Abdomen"

A. M.

9:30 to 10:00 "The Acute Appendix"

Frederick A. Coller, M.D., Ann Arbor

10:00 to 10:30 "Intestinal Obstruction"

Richard B. Cattell, M.D., Boston

10:30 to 11:00 "The Acute Gall Bladder"

I. S. Ravdin, M.D., Philadelphia

11:00 to 11:30 "Perforated Gastric and Duodenal Ulcers"

Charles Johnston, M.D., Detroit

11:30 to 12:00 Discussion and Summary of Above

Waltman Walters, M.D., Rochester, Minn.

Election of Officers

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman: Clarence E. Toshach, M.D., Saginaw
Secretary: Harry A. Pearse, M.D., Detroit

Supper Club Room—Pantlind Hotel

A. M.

9:30 to 10:00 "Clinical Aspects of Endometrial Biopsy in 300 Cases"

Lucian Griffith, M.D., and W. L. McBride, M.D., Grand Rapids

10:00 to 10:45 "Special Features in Anatomy and Operative Procedures in Surgically Difficult Growths of the Female Pelvic Viscera"

Arthur H. Curtis, M.D., Chicago

10:45 to 11:15 "Chorio-epithelioma"

Milo R. White, M.D., Detroit

11:15 to 12:00 "Interstitial or Stromatous Endometriosis"

James Goodall, M.D., Montreal

Election of Officers

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Chairman: F. Bruce Fralick, M.D., Ann Arbor
Secretary: O. B. McGillicuddy, M.D., Lansing

OPHTHALMOLOGY

Directors Room—Civic Auditorium

A. M.

9:00 Appointment of Nominating Committee

9:00 to 9:45 "Indications for Operations in Strabismus"

James W. White, M.D., New York

9:45 to 10:15 Discussion

10:15 to 10:30 "Factors Concerning Toxicity of Copper as Intraocular Foreign Body"

Lewis S. Leo, M.D., Houghton

10:30 to 10:45 "Cycloplegics"

Gayle H. Mehney, M.D., Grand Rapids

10:45 to 11:00 "Treatment of Burns of the Eye"

E. L. Whitney, M.D., Detroit

11:00 to 11:15 "Colobomas of the Optic Nerve"

Albert S. Barr, M.D., Ann Arbor

11:15 to 12:00 "Treatment of Less Common Corneal Lesions"

Sanford Gifford, M.D., Chicago

12:00 to 12:30 Discussion

WEDNESDAY MORNING
September 20, 1939

OTOLARYNGOLOGY

Room "G"—Civic Auditorium

A. M.

9:30 to 10:30 "Chronic Otitis Media and Its Complications"

HAROLD I. LILLIE, M.D., Rochester, Minn.
Discussion: CARL WENCKE, M.D., Battle Creek

10:30 to 11:00 "Orbital Complications of Sinus Disease"

WALLACE H. STEFFENSEN, M.D., Grand Rapids
Discussion: WM. S. GONNE, M.D., Detroit

11:00 to 11:30 "Modifications of the Submucous Resection"

H. LEE SIMPSON, M.D., Detroit
Discussion: FERRIS SMITH, M.D., Grand Rapids

11:30 to 12:00 "Biological Factors in Chronic Sinus Disease"

R. WALLACE TEED, M.D., Ann Arbor
Discussion: DEWEY HEETDERKS, M.D., Grand Rapids

12:00 to 12:30 "Tumors of the Parotid Gland"
A. C. FURSTENBERG, M.D., Ann Arbor
Discussion: EMIL AMBERG, M.D., Detroit

12:45 Luncheon and Election of Officers

SECTION ON PEDIATRICS

Chairman: WARD L. CHADWICK, M.D., Grand Rapids
Secretary: HARRY A. TOWSLEY, M.D., Ann Arbor

Red Room—Civic Auditorium

A. M.

9:30 "Chemotherapy in Otitis Media in Infants and Children"

MOSES COOPERSTOCK, M.D., Marquette

9:50 "The Necessity of Early Surgical Treatment of Otitis Media"

JAMES H. MAXWELL, M.D., Ann Arbor

10:10 "Chemotherapy of Pneumonia"

JAMES WILSON, M.D., Detroit

10:30 "Vitamins in Relation to Anorexia"
BRENTON M. HAMIL, M.D., Detroit

10:50 "Carotene Absorption by Various Mineral Oils"

ARTHUR C. CURTIS, M.D., Ann Arbor, and ROBERT S. BALLMER, M.D., Midland

11:10 "Some Psychogenic Aspects of Anorexia"

BERT I. BEVERLY, M.D., Chicago

11:30 "The Relation of Heart Disease to Growth and Vitamin 'A'"

HUGH MCCULLOCH, M.D., St. Louis

11:50 Business Meeting and Election of Officers

12:15 Adjournment

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman: RUTH HERRICK, M.D., Grand Rapids
Secretary: EUGENE A. HAND, M.D., Saginaw

Room "F"—Civic Auditorium

A. M.

9:30 "Chairman's Address"

RUTH HERRICK, M.D., Grand Rapids

10:00 "Photography in Dermatology"

ARTHUR A. SCHILLER, M.D., Detroit

10:30 "The Use of Cautery in Dermatology"
UDO J. WILE, M.D., Ann Arbor

11:00 "Introduction of a Relatively Painless Electrolysis Instrument"

EUGENE A. HAND, M.D., Saginaw

11:30 "The Indications and Contra-Indications for Radium and X-Ray Therapy"

C. GUY LANE, M.D., Boston

12:00 (noon) Election of Officers

* * *

Pantlind Hotel

P. M.

12:30 Luncheon—"Allergy in Industrial Dermatitis"

LOUIS SCHWARTZ, M.D., Washington, D.C.

5:30 Reception for Members of the Section of Dermatology and Syphilology
Out of State Speakers as Guests
Cocktail Lounge—Pantlind Hotel

THE 100 EXHIBITS ARE WELL WORTH YOUR TIME

PAPERS WILL BEGIN AND END ON TIME!

Believing there is nothing which makes a scientific meeting more attractive than by-the-clock promptness and regularity, all meetings will open exactly on time, all speakers will be required to begin their papers exactly on time, and to close exactly on time, in accordance with the schedule in the program. All who attend the meeting, therefore, are requested to assist in attaining this end by noting the schedule carefully and being in attendance accordingly. Any member who arrives five minutes late to hear any particular paper will miss exactly five minutes of that paper!

PROGRAM of GENERAL ASSEMBLIES

WEDNESDAY AFTERNOON
September 20, 1939

Fourth General Assembly

Black and Silver Ballroom, Civic Auditorium

A. S. BRUNK, M.D., Presiding
L. FERNALD FOSTER, M.D., and HARRY A. TOWSLEY, M.D., Secretaries

P. M.

1:30 "Neuritis"

HENRY W. WOLTMAN, M.D., Rochester, Minn.

HENRY W. WOLTMAN

M.D. from University of Minnesota in 1913; Ph.D. in Neurology from University of Minnesota 1917. Head of Section on Neurology at Mayo Clinic; Professor of Neurology, The Mayo Foundation. Served as First Lieutenant in the Medical Corps during the war. Fellow of A.M.A., A.C.P., member of Minnesota Society of Neurology and Psychiatry, the Central Neuropsychiatric Association, the American Neurological Association, Sigma Xi and Alpha Omega Alpha.

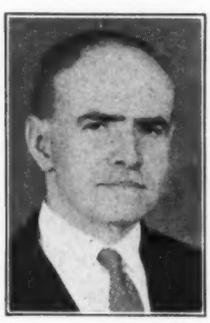
There is hardly a field of medical practice in which some form of neuritis is not encountered at one time or another. The wide variety of clinical pictures neuritis may present, the many circumstances under which it may occur and the numerous unsolved problems that are constantly intruding themselves, soon make it apparent that each case is deserving of the utmost care in clinical study and judgment.

Commonest cause of neuritis of an isolated nerve is some mechanical injury. Causes of so-called multiple neuritis include bacterial infections, viruses, metabolic disorders, deficiencies, poisons, and vascular diseases.

Treatment must be guided by finding and dealing with the cause, if possible, and by instituting such adjuvant measures as physiotherapy, chemotherapy, roentgenotherapy, diet, and surgery.

2:00 "Skin Diseases Affecting the Hands"

C. GUY LANE, M.D., Boston, Mass.



C. GUY LANE

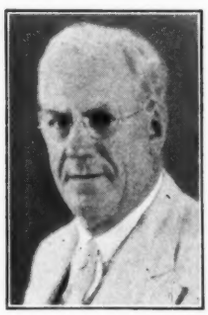
M.D. Harvard Medical School, 1908; Member of Department of Dermatology, Massachusetts General Hospital, since 1920, Chief since 1932; Head of Department of Dermatology, Harvard Medical School, since 1936; On Editorial Board New England Journal of Medicine, Archives of Dermatology and Syphilology; Member American Board of Dermatology and Syphilology, National Committee on Industrial Dermatoses, American Dermatological Association (president, 1935).

Various manifestations of skin affections on the hands and wrists will be discussed, not only of the diseases which are apt to be localized on these areas, but also of the appearance on the hands of various general skin diseases. The group of diseases presenting vesicles will be discussed, the squamous group and the keratotic group, and something will be said of significant nail changes. The differential diagnosis of the most important diseases will be reviewed, and emphasis will be placed on certain industrial phases of hand conditions. Treatment will also be discussed and lantern slides of various clinical manifestations will be shown, some of them in color.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Strabismus in Children"

JAMES WATSON WHITE, M.D., New York City



JAMES W. WHITE

M.D., Albany, 1905. Professor of Ophthalmology, New York Past Graduate Medical School and Hospital (Executive Officer); Consulting Ophthalmologist, Roosevelt Hospital, New York; Consulting Myologist, Brooklyn Eye and Ear Hospital, Brooklyn; Past Chairman, Eye Section, New York Academy of Medicine; Member, A.M.A., American Ophthalmological Society, American Academy of Ophthalmology and Otolaryngology, New York Academy of Medicine and New York Ophthalmological Society.

The etiology of strabismus in children varies so widely that mistaken diagnoses and entirely wrong conceptions of a squint are frequent. Hypermetropia is so frequently found that glasses are supposed to correct most cases of convergent, and many cases of divergent strabismus. This has led to many errors in both diagnosis and treatment.

Convergent strabismus may be due to hypermetropia, but myopia may also cause the eyes to cross. They may also cross because of an excessive act of convergence, or to an underaction of the diverging function. These, however, may look very much like strabismus due to an overacting adductor muscle or to an underacting abductor muscle. Divergence strabismus may also be due to hypermetropia, or to myopia, or to an underaction of convergence, or to an overaction of divergence. Vertical strabismus may be due to an overaction or an underaction of the muscles of elevation or depression or to an anomaly of sursumvergence.

Cases are seen where the difference in level seems to be the whole cause or a contributing cause of the excessive convergence or divergence. Various congenital anomalies will be illustrated by lantern slides and drawings.

3:30 "Treatment of Rheumatic Children"

HUGH MCCULLOCH, M.D., St. Louis, Mo.

HUGH MCCULLOCH

M.D., Johns Hopkins University, 1912. Associate Professor of Pediatrics, Washington University School of Medicine; Associate Physician, St. Louis Children's Hospital; Physician in Charge: Convalescent Department, Children's Hospital; Children's Cardiac Clinic, Washington University Dispensary; Community School. Co-Editor, Journal of Pediatrics; Associate Editor American Heart Journal. Secretary, American Pediatric Society; Founder Member and one time member Board of Directors, American Heart Association; Fellow, American Academy of Pediatrics.

WEDNESDAY AFTERNOON
September 20, 1939

Treatment of rheumatic fever and heart disease based on general principles applied to individual patients.

Essential factors to be properly estimated: (1) heredity; (2) social status; (3) time of year; (4) age of patient; (5) number of attacks; (6) type of attack; (7) location and degree of injury to local parts of body.

Patients may be grouped as: I. Rheumatic fever without heart disease; (a) active, and (b) inactive.

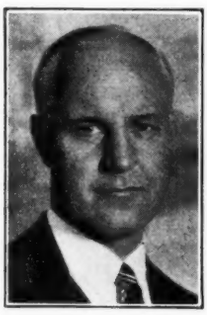
II. Rheumatic heart disease without complete failure; (a) active, and (b) inactive.

III. Rheumatic heart disease with congestive failure; (a) active, and (b) inactive.

Discussion of details applicable to patient at any stage of this scheme.

4:00 "Management of Carcinoma of the Cervix"

ARTHUR HALE CURTIS, M.D., Chicago, Ill.



ARTHUR H. CURTIS

M.D., Rush Medical College, 1905; LL.D., University of Wisconsin, 1935; Chief of the Gynecologic Service, Passavant Memorial Hospital, Chicago; Professor of Obstetrics and Gynecology, and Chairman of Department, Northwestern University Medical School.

Presentation of personal experience and views relative to examinations for establishment of the diagnosis. Outline of details in the management of various types of cervical cancer commonly encountered. Lantern demonstration of special features in anatomy concerned, and pictures of unusually interesting cases.

4:30 "Differential Diagnosis and Treatment of Jaundice"

WALTMAN WALTERS, M.D., Rochester, Minn.

WALTMAN WALTERS

M.D., Rush Medical College in 1920; head of Section in Surgery of Mayo Clinic since 1924; Professor Surgery since 1936 in the Mayo Foundation. He is a Commander, Volunteer service in the Medical Corps of the U. S. Naval Reserve. He is a member of the editorial board of "Minnesota Medicine" and Chairman of the editorial board of the "Archives of Surgery." He is a Fellow of the American College of Surgeons, the American Surgical Association, the American Medical Association, the Society of Clinical Surgery, the American Urological Association, Sigma Xi, Phi Beta Kappa, Psi Upsilon, and Alpha Kappa Kappa.

The etiology, symptomatology, and the treatment of obstructive jaundice will be considered. Attention will be directed to the possible sources of error in the diagnosis of stone in the common bile dust, pancreatitis and carcinoma. A résumé will be given of the newer preoperative measures directed to prevent bleeding in cases of jaundice; this will include a consideration of the use of vitamin K.

4:50 End of Fourth General Assembly

SAVE AN ORDER FOR AN M.S.M.S. EXHIBITOR

WEDNESDAY EVENING
September 20, 1939

Fifth General Assembly
Public Meeting

Black and Silver Ballroom, Civic Auditorium
HENRY A. LUCE, M.D., Presiding
L. FERNALD FOSTER, M.D., Secretary

PRESIDENT'S NIGHT

P. M.

8:00

1. **Call to order by the President**
2. **Invocation—The Rt. Rev. Lewis Bliss Whittemore, Grand Rapids.**
3. **Address of Welcome—Wm. R. Torgerson, M.D., President of Kent County Medical Society, Grand Rapids**
4. **Announcements and Reports of the House of Delegates, by the Secretary**

8:15

5. **President's Annual Address—Henry A. Luce, M.D., Detroit**
6. **Induction of Burton R. Corbus, M.D., Grand Rapids, into Office as President of the M.S.M.S.**

   Presentation of Scroll and Past President's Key to Henry A. Luce, M.D., Detroit
   Responses
7. **Resolutions and motions**
8. **Introduction of the President-Elect, and other new officers of the Michigan State Medical Society**

8:45

9. **The Andrew P. Biddle Oration:**

   "What Price Depression"

ROCK SLEYSTER, M.D., Wauwatosa, Wis., President, American Medical Association

ROCK SLEYSTER

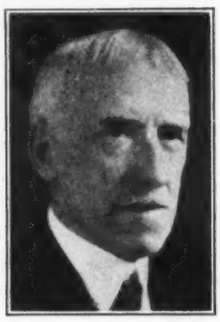
M.D., University of Illinois College of Medicine, 1902; Directed the building of the Wisconsin Hospital for the Criminal Insane and later became director of the Milwaukee Sanitarium, which positions he still holds. Elected Secretary of the Wisconsin State Medical Society in 1914 and held this position until 1924 when he was elected President. Since 1925 he has been Treasurer of the Society. From 1918 to 1923 Doctor Sleyster was editor of the Wisconsin Medical Journal. From 1915 to 1926 he served as Delegate to the A.M.A. and during the last four years of that period was Vice Speaker of the House of Delegates. He became trustee of the A.M.A. in 1926 and served until 1937, being chairman of the Board from 1935 to 1937. Elected President of the American Medical Association in 1938. Doctor Sleyster is a fel-

WEDNESDAY EVENING
September 20, 1939

low and member of the board of governors of the American College of Physicians, and member of the American Psychiatric Association, the Association for Research in Nervous and Mental Diseases, and the Central Neuropsychiatric Association.

The psychiatrist attempts to evaluate and contract the influences which have shaped the thinking of our people in the pre-war and post-war years. The effects on the individual and on the nation. Conditions which are generating future problems.

Presentation of Biddle Oration Scroll to Dr. Sleyster



A. P. Biddle, M.D., Detroit
Patron of Postgraduate Medical Education

10.00 End of Fifth General Assembly

THURSDAY MORNING
September 21, 1939

Sixth General Assembly

Black and Silver Ballroom, Civil Auditorium

George A. Sherman, M.D., Presiding
L. Fernald Foster, M.D., and Otto O. Beck, M.D., Secretaries

A. M.

9:30 "Pre-Natal and Post-Natal Care of a Pregnant Diabetic Woman"

Anthony Sindoni, Jr., M.D., Philadelphia, Penna.

Anthony Sindoni, Jr.

Chief of the Department of Metabolism at the Philadelphia General Hospital; Chief Metabolic Consultant at the American Oncologic Hospital; Author of the Book, Diabetes: A Modern Manual; and author of numerous papers on diabetes.

In spite of insulins, and other modern care, the pregnant diabetic woman confronts the obstetrician and the internist with a serious problem—the chances of having a live, normal child survive. This desire can be further realized by closer coöperation of the obstetrician and internist; more reliance upon blood chemistry; careful study of individual carbohydrate tolerance throughout pregnancy with insulin dose adjusted according to its variation; optimum and adequate diet; choice of delivery to be decided by the obstetrician, internist and condition of patient. Following delivery increased hyperglycemia or acidosis is not to be overlooked in the mother though improvement is not infrequent. In the child hypoglycemia reactions are not uncommon, which are to be combated by glucose—orally or intramuscularly. Signs of asphyxia are also to be suspected in the newborn and corrected by respiratory of oxygen and other appropriate measures or respiratory stimulants.

10:00 "Management of Occiput Posterior"

L. A. Calkins, M.D., Kansas City, Mo.

L. A. Calkins

M.D., University of Minnesota, 1919; M.S., University of Minnesota, 1920; Ph.D., University of Minnesota, 1921. Assistant Professor Obstetrics and Gynecology, University of Minnesota, 1921-24; Professor of Obstetrics and Gynecology, University of Virginia, Department of Medicine, 1924-29; Professor Obstetrics and Gynecology, University of Kansas, Medical School, 1929 to present time. Co-author with R. E. Scammon "Growth in the Fetal Period." Member Central Association of Obstetricians and Gynecologists and of American Association of Anatomists; Fellow American Gynecological Society, American Association of Obstetricians, Gynecologists and Abdominal Surgeons.

By carefully compiling 2,500 consecutive labor records it has now been found evident that occiput posterior occurs with about equal frequency with occiput anterior. Maternal morbidity is only slightly, if any, greater in occiput posterior; fetal mortality is the same or less; operative delivery is scarcely more frequent; spontaneous internal rotation will occur with about the same frequency as in occiput anterior. The only definite difference between occiput posterior and occiput anterior is the slightly longer labor in the former.

ACKNOWLEDGMENT: The W. K. Kellogg Foundation is sincerely thanked for its sponsorship of this lecture.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Occupational Dermatoses"

Louis Schwartz, M.D., Washington, D.C.

Louis Schwartz

M.D., Jefferson Medical College, 1905; Entered U. S. Public Health Service 1906, and has served in various parts of the United States, Canada, Alaska, and the Philippines. Engaged in industrial hygiene service since 1920, has done investigations and written papers on Posture, Lighting, Radium poisoning, Lead poisoning, Trachoma, Occupational and other forms of contact Dermatitis, and written a textbook on Occupational Diseases of the Skin. Doctor Schwartz is now in charge of the Office of Dermatoses Investigations of the U. S. Public Health Service at the National Institute of Health, Bethesda, Maryland.

Occupational dermatoses comprise 70 per cent of all occupational diseases and cost the United States about 4 million dollars per year.

Certain chemicals are primary skin irritants, while others irritate only the hypersensitive.

Knowledge of dermatology and familarity with the personal and occupational history and occupational processes, together with the proper application and evaluation of the patch test, are necessary for correct diagnoses.

Severe cases should be removed from work; mild cases should be treated and continue at work, as they may thus develop an immunity.

The medicinal treatment should consist of only the mildest lotions and ointments.

THURSDAY MORNING
September 21, 1939

11:30 "Some Practical Points in Diagnosis and Treatment in Otolaryngology of Importance to the General Practitioner"

HENRY M. GOODYEAR, M.D., Cincinnati, O.

HENRY M. GOODYEAR

M.D., Northwestern University, 1915; Assistant Professor of Otolaryngology, Cincinnati University, College of Medicine; Assistant Director (Otology) Otolaryngology, Cincinnati General Hospital; Associate Otolaryngologist, Cincinnati Children's Hospital; Attending Otolaryngologist, Christ Hospital. Fellow American Laryngological Society, American Otological, American Academy of Ophthalmology and Otolaryngology and American College of Surgeons.

The treatment of traumatic injuries to the external ear, and infections of the external auditory canal. Acute and chronic infections of the middle ear and mastoid. What constitutes a dangerous ear?

A brief comment on the use of sulfanilamide in ear and throat infections.

External infections of the nose and nasal fractures. What shall be the immediate treatment? Nasal hemorrhages.

Comments on nasal sinus infections, treatment and the prevention of chronic bronchitis.

Emergency incision for an intraorbital abscess. Retropharyngeal abscess. Throat hemorrhages.

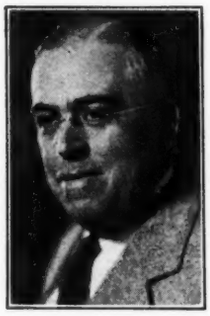
Relation of age to tonsil and adenoid operations.

Early symptoms of carcinoma of the larynx.

M.

12:00 "Pyuria: Its Diagnostic Significance"

BUDD C. CORBUS, M.D., Chicago, Ill.



BUDD C. CORBUS

Formerly Professor of Genitourinary Diseases at University of Illinois. Formerly Instructor at Rush Medical College, Chicago, Ill. Founder of the Illinois Social Hygiene Dispensary, Chicago; Director of the Evanston Social Hygiene Dispensary, Evanston; Attending Urologist at Evanston Hospital; Collaborator Cabot's Textbook of Urology; Collaborator History of Urology, American Urological Association, member of American Urological Association.

Pyuria, or pus in the urinary tract, is the most common urological finding that occurs in the general practice of medicine. However, its exact source is often most difficult to discover. With the modern diagnostic methods that the urologist is familiar with plus additional information obtained from subcutaneous urography in children and intravenous and retrograde urography in adults, it should not be so difficult provided a systematic method of procedure in hunting for the original foci of infection is closely adhered to.

In order to better study the etiological factors that produce pyuria, infections of the urinary tract are considered as coming from two sources; i.e.,

a. From outside of the body,
b. From inside the body.

P. M.

12:30 End of Sixth General Assembly Luncheon—

DON'T FAIL TO VISIT THE $60,000 EXHIBIT ARRANGED FOR YOUR CONVENIENCE

THURSDAY AFTERNOON
September 21, 1939

Seventh General Assembly

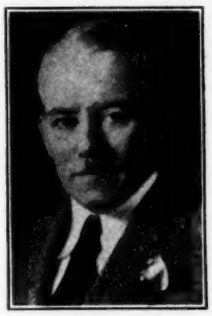
Black and Silver Ballroom, Civic Auditorium

H. ALLEN MOYER, M.D., Presiding
L. FERNALD FOSTER, M.D., and EUGENE HAND, M.D., Secretaries

PREVENTIVE MEDICINE ASSEMBLY

1:30 "The Importance of Latent Syphilis from the Standpoint of the General Practitioner"

HAROLD N. COLE, M.D., Cleveland, O.



HAROLD N. COLE

Professor of Dermatology and Syphilogy, Western Reserve University; Member, Council of Pharmacy and Chemistry, American Medical Association; Member, American Board of Dermatology and Syphilology; Former Secretary and President of the Section on Dermatology and Syphilology, American Medical Association; Former President, American Dermatological Association; Member Coöperative Clinical Group and of the Surgeon General's Advisory Committee on Syphilis.

The word latent is derived from the Latin word "latere," to be hidden or concealed. Latent syphilis is a type, usually revealing itself by positive serologic blood tests. Physical examinations may be negative, and yet completely beneath the surface the disease may be really active, as in a syphilitic aortitis.

Latent syphilis is important because it is so often unrecognized, and even unknown to its victim. This is especially true of women, and the percentage of asymptomatic syphilitic infections in women runs very high.

Yet latent syphilis may still be contagious, and the incidence of conjugal infection is high. Moreover, the disease may be transferred from mother to child in pregnancy and by blood donors in transfusion.

Routine use of serologic blood tests should be used by the medical man in all pregnant women and in all new cases seen in practice.

The earlier latent syphilis is discovered and the patient put under treatment, the better the response.

Ordinarily latent syphilis responds nicely to routine treatment with alternate courses of accepted arsenicals and bismuth salts. Such cases should receive more of the heavy metal than of arsenical treatment.

2:00 "The Modern Approach to the Earlier Diagnosis of Pulmonary Tuberculosis"

JAMES ALEXANDER MILLER, M.D., New York City

JAMES A. MILLER

Physician-in-Charge of the Tuberculosis Service at Bellevue Hospital for thirty-five years, now Consultant Physician in the same service. Professor of Clinical Medicine, College of Physicians and Surgeons, Columbia; Consultant Physician at the Presbyterian Hospital, Post-Graduate Hospital and Brooklyn Hospital. Formerly President of the New York Tuberculosis Association, National Tuberculosis Association, New York Academy of Medicine and at present President of the Trudeau Sanatorium.

THURSDAY AFTERNOON
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The really early diagnosis of pulmonary tuberculosis is still comparatively rare. What in this paper is termed the modern approach to earlier diagnosis is based upon the concept of the pathogenesis of the disease. It is now more and more generally recognized that pulmonary tuberculosis is secondary to a previous lesion usually in the tracheobronchial lymph nodes and that the infection reaches the lungs through the lmyph and blood stream.

The first lesions which are there produced are very small and usually of no clinical significance and can be recognized only by careful x-ray examination. It is from these lesions, however, that the majority of serious cases of pulmonary tuberculosis arise.

The reasons for this are discussed in this paper as well as the evidences of their change from benign to malignant lesions. The x-ray, therefore, becomes the most important means at our disposal and interpretation of the x-ray findings is the measure of our ability to make earlier diagnosis. X-ray surveys of apparently well people are becoming more and more common and it is through the proper interpretation of such x-rays and the following up of the subsequent behavior of apparently inactive lesions that the really early diagnosis of clinically active tuberculosis is to be made.

ACKNOWLEDGMENT: The Michigan Tuberculosis Association is sincerely thanked for its sponsorship of this lecture.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Sickness Disability Among Wage-Earners"

McIver Woody, M.D., New York City

McIver Woody

M.D., Harvard, 1912; Secretary of Faculty of Medicine, 1917-18; University of Tennessee: Dean and Professor of Surgery, 1920-21; Medical Department, Standard Oil Company of New Jersey 1922 to present; President American Association of Industrial Physicians and Surgeons.

Statistics show that, in organizations where accident prevention has been most successful, fifteen to twenty days are lost because of sickness for every day that is lost because of accident. Although industrial physicians are primarily concerned with accidents and occupational diseases, and rightly so, they can do much to control the incidence of ordinary illness within factory and plant: first, by seeing to it that when defects are brought to light at physical examination, the family physician is consulted without delay; and second, by collecting statistics on loss of time from sickness and studying them more critically than ever before.

3:30 "The Control of Pneumonia"

Lloyd D. Felton, M.D., Washington, D. C.

Lloyd D. Felton

M.D., Johns Hopkins, 1916; Sc.D., Wooster, 1925. Associate in Pathology and Bacteriology, Johns Hopkins, 1916-20; Associate in Pathology, Rockefeller Institute, 1920-22; Assistant Professor of Preventive Medicine and Hygiene, Harvard Medical, 1922-35; Associate in Pathology and Bacteriology, Johns Hopkins, 1935-38; Senior Surgeon, U. S. Public Health Service, 1938 to present; Member: American Chemical Society, Society American Bacteriologists, American Association for Advancement of Science, Sigma Xi, Phi Beta Kappa.

Control of pneumonia necessitates a study of possible prevention and improvement in methods of treatment. Prevention includes an understanding of the epidemiology of the disease taking into consideration variations in the infective agent and in factors which influence host resistance. Attempts have been made to estimate the host resistance by measuring the antibody response following the injection of antigenic polysaccharide. It has been observed that the same dose of a standard antigen stimulates response varying in degree in different individuals. It is possible that this variation is a measure of individual susceptibility to pneumonia and that the general population may be divided into susceptibles and non-susceptibles.

Significant advances have been made in improvement of treatment of pneumonia. Specific serum has established a base line by which any new form of treatment can be judged. For certainly mortality rate can be reduced by this form of treatment. The recently developed sulfapyridine apparently is at least as effective and less costly. But until a more extensive study of the pharmocology of the drug has been made, it should be used with caution. Combined serum and sulfapyridine treatment may be the most effective safe procedure.

ACKNOWLEDGMENT: The Michigan Department of Health is sincerely thanked for its sponsorship of this lecture.

4:00 "Surgical Treatment of Breast Cancer"

Benjamin Rice Shore, M.D., New York City

Benjamin R. Shore

A.B., University of Missouri, 1920; M.D., Harvard University, 1924; Fellow American College of Surgeons; Attending Surgeon St. Luke's Hospital, New York City.

Cancer of the breast is primarily a surgical disease and, beginning with the time a specimen is taken for histologic study, the patient should be in the hands of a surgeon competent, because of pathological and technical training, to proceed with radical surgery at the time. While we recognize that aspiration or punch biopsies in very competent hands have proved satisfactory, we do not believe that the average physician is either properly educated or technically able to remove adequate tissue by these means for the diagnosis of breast tumors in his patients. The risks inherent in this practice, which is rapidly gathering popularity, are considerable and its general use should be discouraged.

4:30 End of Seventh General Assembly

YOUR FRIENDS IN THE EXHIBIT HAVE SOMETHING NEW TO SHOW YOU

The Maternal Health Committee announces that a complimentary get-together luncheon will be held at the Hotel Pantlind, Room 222, on Thursday, September 21, 1939, at 12:30 p.m., to which all members, past and present, are cordially invited. L. A. Calkins, M.D., University of Kansas, will give a short address following the luncheon. The W. K. Kellogg Foundation is sponsoring the luncheon.

THURSDAY EVENING
September 21, 1939

Eighth General Assembly
Public Meeting

Black and Silver Ballroom, Civic Auditorium

JAMES D. BRUCE, M.D., Presiding
L. FERNALD FOSTER, M.D., Secretary

POSTGRADUATE CONVOCATION

P. M.

8:00 **1. Call to order**

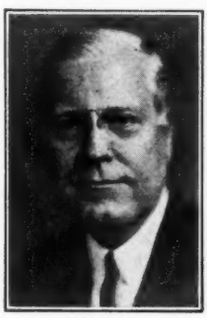
2. (a) "Postgraduate Education—Michigan's Experience"

JAMES D. BRUCE, M.D., Ann Arbor
Vice President in Charge of University Relations, University of Michigan; Chairman, Committee on Postgraduate Medical Education, Michigan State Medical Society.

(b) Presentation of Certificates of Associate Fellowship in Postgraduate Education, Michigan State Medical Society.

8:30 **3. Address**

JAMES ALEXANDER MILLER, M.D., New York City



JAMES A. MILLER

An appreciation of what Michigan is doing in Continuing Medical Education for practitioners in medicine, as well as an appreciation of the importance of the movement; comments and suggestions concerning the ways and means by which Continuing Medical Education can be most satisfactorily organized. Improving the quality of medical practice is to be the best answer to the problems which confront the profession in connection with various governmental and social experiments that are being suggested.

10:00 **End of Eighth General Assembly**

A Special Meeting on Medical Service Problems will be held Sunday, September 17, 1939, at 8:30 P. M. in the Grand Ballroom, Pantlind Hotel, Grand Rapids. All M.S.M.S. Delegates and Members are invited and urged to attend this session at which Group Medical Care Plans, Welfare, and the Afflicted-Crippled Children Laws will be discussed.

FRIDAY MORNING
September 22, 1939

Ninth General Assembly

Black and Silver Ballroom, Civic Auditorium

WM. E. BARSTOW, M.D., Presiding
L. FERNALD FOSTER, M.D., and IRA G. DOWNER, M.D., Secretaries

A. M.

9:30 **"Recent Trends in the Investigation and Treatment of Sterility"**

CARL P. HUBER, M.D., Indianapolis, Ind.

M.D., University of Michigan Medical School, 1928; member of Michigan Medical Faculty, Department of Obstetrics and Gynecology, until 1936; Consulting Obstetrician and Gynecologist, Chicago Lying-in Hospital and Instructor in Gynecology and Obstetrics, University of Chicago, 1936-38. At present, Assitant Professor of Obstetrics and Director of Research in Obstetrics and Gynecology, Indiana University, with active direction of Postgraduate eduction in Obstetrics under auspices of Indiana University, the Indiana State Medical Association and the State Board of Health.

The major causes of sterility are reviewed. A plan for investigation of the sterile couple is presented and illustrated. Emphasis is placed from the therapeutic standpoint upon the endocrine relationships essential for conception and continuation of pregnancy. The indications for hormone therapy are stressed and results with the gonadotropic hormone from pregnant mare serum are discussed.

10:00 **"Diagnosis and Treatment of Carcinoma of the Colon and Rectum"**

THOMAS E. JONES, M.D., Cleveland, O.

THOMAS E. JONES

M.D., Western Reserve University Medical School, 1916; Surgical Staff of The Cleveland Clinic since its inception in 1920.

Advancement in technical aids in the diagnosis of carcinoma of the colon in recent years have aided materially in early diagnosis. However, the interpretation of early clinical manifestations of this condition is likewise suffering from it. It has become too easy to say, "Have an X-ray," which frequently will not demonstrate an early lesion or it may be confused with other conditions. Clinical interpretation cannot be dispensed with. In the treatment, surgery is still the choice if there is no obvious metastasis or if the physical condition of the patient does not justify it. Types of operations are described, with special emphasis on the value of the combined abdominoperineal operation in carcinoma of the rectum.

10:30 **INTERMISSION TO VIEW THE EXHIBITS**

FRIDAY MORNING
September 22, 1939

11:00 "Psychiatry in the Service of the Schools"

HENRY C. SCHUMACHER, M.D., Cleveland, O.

H. C. SCHUMACHER

M.D., St. Louis University School of Medicine, 1919; LL.D., St. Benedict's College, 1938. Diplomate American Board of Psychiatry and Neurology, 1939; Director Child Guidance Clinic, Cleveland, 1926 to present; Associate in Pediatrics, School of Medicine, Western Reserve University, 1933 to present; Fellow American Psychiatric Association, American Orthopsychiatric Association; member American Association for Advancement of Science, National Conference of Social Work, Phi Beta Pi, and Alpha Omega Alpha.

Many educational problems are the result of maladjustments of adults—parents and/or teachers—and child which are amenable to psychiatric treatment. This holds for causes that are commonly looked upon as somatic, such as sensory disturbances and nutritional lacks, as much as for those causes that might be subsummed under "conflict" and attempts at adjustment thereto. This paper will aid at showing that "problem behavior" involves the whole child in his total setting. And, furthermore, that such behavior is an index of poor health and hence a medical problem requiring for its solution sound medical training as well as knowledge of what certain auxiliary sciences can contribute to an appraisal of the total situation and to the treatment of certain of the underlying causes.

11:30 "Hygiene of Infancy and Childhood"

RICHARD M. SMITH, M.D., Boston, Mass.

RICHARD M. SMITH

M.D., Harvard Medical School, A. B. Williams College. Previously Association Physician, Children's Hospital, Boston. Present Visiting Physician, Infants' Hospital, Children's Hospital. Assistant Professor Pediatrics and Child Hygiene Harvard Medical School and School of Public Health. Member: American Medical Association, American Academy of Pediatrics, American Pediatric Society, Massachusetts Medical Society, N. E. Pediatric Society, Author of "The Baby's First Two Years," "From Infancy to Childhood," numerous articles dealing chiefly with pediatrics in various medical journals.

Hygiene is the science of preserving health.

The fact that most adults show some evidence of disease indicates that efforts to preserve health have not been successful in relation to the majority of individuals.

Hereditary, pre-natal and natal causes all influence health.

Provided an infant is born without handicaps, the physician may exercise a controlling influence upon his health. It is essential that physicians supervising children should be familiar with the normal growth and development pattern of the child and be cognizant of the factors which favor the progress of the orderly pattern and also of those factors which may cause unfavorable deviation.

Periodic health examinations furnish the opportunities for contact with the child and the education of the parents in child care.

Among the important factors determining health are food, daily routine, environment, psychological adjustments and prevention of disease.

ACKNOWLEDGMENT: The Children's Fund of Michigan is sincerely thanked for its sponsorship of this lecture.

M.

12:00 "State Programs of Service for Crippled Children Under Social Security Act"

ROBERT C. HOOD, M.D., Washington, D. C.

ROBERT C. HOOD

M.D., Johns Hopkins School of Medicine, 1916; in 1917 he was commissioned in the Medical Officers Reserve Corps of the Army and served two years in England and France, where he was promoted to rank of Captain. After the Armistice he studied pediatrics in England, following which he engaged in pediatric work in New York City and Cincinnati. Doctor Hood was engaged in private pediatric practice in Clarksburg, West Virginia, for thirteen years. In 1936, he was given a Civil Service Appointment as Director of the Crippled Children's Division of the Children's Bureau, U. S. Department of Labor. Doctor Hood has immediate supervision of the administration of that part of the Social Security Act relating to Federal grants to the States to enable them to extend and improve their services for crippled children.

Services for crippled children under Title V, part 2, of the Social Security Act include provision for the location, diagnosis, hospitalization, medical and surgical treatment, and after-care for crippled children.

Federal funds are made available to the State in the form of grants-in-aid to official agencies established under State law, which administer the programs. At the present time, State plans are in operation in all of the States, Alaska, Hawaii, and the District of Columbia.

Details of administration and procedures will be discussed.

ACKNOWLEDGMENT: The Children's Bureau, Washington, D. C., is sincerely thanked for its sponsorship of this lecture.

P. M.

12:30 End of Ninth General Assembly Luncheon—

HAVE YOU VISITED THE WONDERFUL EXHIBIT?

FRIDAY AFTERNOON
September 22, 1939

Tenth General Assembly

Black and Silver Ballroom, Civic Auditorium

F. T. ANDREWS, M.D., Presiding

L. FERNALD FOSTER, M.D., and CLYDE K. HASLEY, M.D., Secretaries

1:30 "Recent Advances in the Diagnosis and Treatment of Thyroid Disease"

GEORGE CRILE, JR., M.D., Cleveland, O.

GEORGE CRILE, JR.

M.D., Harvard Medical School, 1933; Fellow at Cleveland Clinic Foundation from 1934 to 1937; for six months during 1937 Resident in Gynecology at the Roosevelt Hospital, New York, and a member of the Surgical Staff at the Cleveland Clinic since November 1937.

All large goiters, all intrathoracic goiters, approximately 90 per cent of all malignant tumors of the thyroid, and 50 per cent of all cases of hyperthyroidism, are the end-result of iodine deficiency. The physiology of iodine deficiency and of the development of these

FRIDAY AFTERNOON
September 22, 1939

pathological changes is discussed. Clinical and laboratory methods for diagnosis of hyperthyroidism are evaluated. The necessity of individualizing the treatment of each patient with hyperthyroidism is emphasized, and it is pointed out that each group of cases presents special problems in the treatment of which special therapy should be used if the best results are to be obtained.

2:00 "The Prevention and Cure of Deformity and Disability after Poliomyelitis"

PHILIP LEWIN, M.D., Chicago, Ill.

PHILIP LEWIN

M.D., Rush Medical School, University of Chicago, 1911; Associate Professor of Orthopedic Surgery, Northwestern University Medical School; Attending Orthopedic Surgeon at Cook County Hospital and Michael Reese Hospital; Professor of Orthopedic Surgery, Cook County Graduate School of Medicine; Consulting Orthopedic Surgeon, Municipal Contagious Disease Hospital, Chicago; Member of the Committee on Prevention and Treatment of After-Effects, of the National Foundation for Infantile Paralysis.

The highlights of my paper include a discussion of the treatment of a patient with poliomyelitis from the moment the diagnosis is made or suspected until he is restored to his maximum physical condition. The discussion will include a résumé of orthopedic care of the patient in the home, in the farm house, in the contagious ward of a general hospital, in an orthopedic hospital, The general practitioner should know what can be accomplished by surgery, even if he isn't trained to do it, even if he doesn't want to do it, or the patients won't accept his advice. I shall include care during the acute stage and during the later stages. I shall discuss what to do when an epidemic is in progress, or is threatening, and what not to do. The paper will be illustrated with lantern slides. There will be ten minutes set aside for a question box. The visitors are encouraged to send up questions they would like to have discussed or answered.

ACKNOWLEDGMENT: The Michigan Crippled Children Commission is sincerely thanked for its sponsorship of this lecture.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Treatment of Pneumonia with Sulfapyridine and Specific Serum"

MAXWELL FINLAND, M.D., Boston, Mass.

MAXWELL FINLAND

Associate in Medicine, Harvard Medical School; Assistant Physician Thorndike Memorial Laboratory; Junior Visiting Physician, Boston City Hospital.

Data are presented to indicate that both specific serums and sulfapyridine are highly effective curative agents in the treatment of pneumonia. An attempt is made to indicate, as far as present data permit, the conditions under which each of these forms of treatment are most effective when used separately or in combination.

3:30 "The Present Medical and Surgical Status of the Chronic Gall Bladder"

WARREN H. COLE, M.D., Chicago, Ill.

WARREN H. COLE.

M.D., Washington University, School of Medicine, 1920. Spent one year in internal medicine in Baltimore and returned to St. Louis, where he became associated with the Department of Surgery at Washington University. Since September 1, 1936, he has been Professor of Surgery at the University of Illinois. He is the co-author of a book entitled "Diseases of the Gall Bladder and Bile Ducts," and another entitled "Textbook of General Surgery."

The first consideration in treatment of gall-bladder disease is correctness of diagnosis; the second deals with the problem as to whether operation is indicated. In diagnosis the most important feature is to eliminate other lesions, so many of which simulate cholecystitis. Cholecystography, gastro-intestinal x-ray series, gastric analysis and other laboratory aids will be helpful. Unfortunately medical treatment is relatively ineffectual in actually eliminating cholecystic disease, but has a very important role in the care of patients who have mild or infrequent attacks and who may not need cholecystectomy. Pre-operative and postoperative care including the use of vitamin K, the Wangensteen tube, etc., will be discussed.

4:00 "Coronary Disease, Including Angina Pectoris"

WM. D. STROUD, M.D., Philadelphia, Penna.

WM. D. STROUD

M.D., University of Pennsylvania, 1916; Honorary Surgeon to First Troop Philadelphia City Cavalry; Cardiologist to the Pennsylvania Hospital; Director of the Heart Station and Chief of the Adult and Children's Heart Clinics; Professor of Cardiology of the University of Pennsylvania Graduate School of Medicine; Consulting Cardiologist to the Graduate Hospital; President American Heart Association; Chairman of the Cardiac Clinics Committee; Treasurer of the American College of Physicians and member of the Board of Regents and of the Executive Committee.

This subject is not only of importance because a high percentage of physicians die from its effects, but also since it is so often associated with hypertension. This triad, hypertension, coronary insufficiency and cardiac infarction includes, by far, the largest number of patients seen by the internist and general practitioner.

The possible reasons for the apparent steady increase in incidence of these cases and the possibilities of early diagnosis and reduction of factors which seem to contribute toward the progress of this pathological picture, will be reviewed. The pathological changes, physiological reactions and differential diagnosis, prognosis and treatment will be discussed, as well as the age and sex incidence, plus the apparent relationship between disease of the gastro-intestinal tract and gall bladder, which seems to be of importance. A number of cases suggesting the close association between gall bladder disease and coronary insufficiency with "angina of effort" will be reviewed.

Optimism by the physicians with reassurance are the two most important forms of treatment. Too often the physician frightens the patient for no good reason. A careful review of the home and business situation with possible readjustment is essential. Pharmacological and surgical methods of treatment will also be discussed.

4:30 End of Tenth General Assembly and the Convention

TECHNICAL EXHIBITS

Abbott Laboratories **Space No. B-13**
North Chicago, Illinois

You will find a hearty welcome in the Abbott booth, where a comprehensive selection of leading specialties awaits your inspection.
Abbott trained representatives invite your questions and will gladly discuss the newer products with you.

A. S. Aloe Company **Space No. C-12**
St. Louis, Missouri

The A. S. Aloe Company exhibit will include a complete line of physician's office equipment and instruments. Featured will be Aloe Steeline treatment room furniture, with the new Irrigator Table, and the new Aloe Short Wave Unit. Aloe representatives E. E. Davis and A. A. Vaughan will be in attendance.

The Arlington Chemical Company
Yonkers, New York **Space No. D-12**

The Arlington Chemical Co. will exhibit their entire line of pharmaceuticals and biological products. We believe the physicians will be especially interested in the $1.00 diagnostic pollen outfits, a sample of which will be extended with our compliments, and also the recently issued $9.75 diagnostic protein outfit containing approximately 1,500 tests. Our representatives will be very glad to discuss with physicians any of their allergic problems.

Bard-Parker Company **Space No. F-15**
Danbury, Connecticut

Among the Bard-Parker products exhibited are Rib-Back Blades, Renewable Edge Stainless Steel Scissors, Lahey Lock Forceps, Formaldehyde Germicide and Containers for rustproof sterilization of surgical instruments, and Hematological Case for obtaining blood samples at the bedside.

Barnett Laboratories **Space No. A-4**
Chicago, Illinois

The Barnett Laboratories is featuring clinical photographic equipment. Their synchronized lighting arrangement is adaptable to popular cameras such as the Leica, Contax, Perfex, Korelle Reflex, Graflex, etc. Focusing attachments for the Perfex, Leica and Contax cameras, allowing them to be used for copying and photo-microscopy will also be shown. A reduced eye demonstrating the manner in which light rays focus upon retinas of myopic, emmetropic and hyperopic individuals will be demonstrated.

Barry Allergy Laboratory Inc. **Space No. F-5**
Detroit, Michigan

The Barry Allergy Laboratory will exhibit the most recent developments in testing and treatment materials for the management of the allergic patient, particularly from the general practitioner standpoint. Services and materials and the methods of preparation, based on the individual patient's history and reactions, will also be demonstrated. Specialized services for hospitals, clinics, and specialists will be described.

W. A. Baum Co. Inc. **Space No. D-7**
New York, New York

Baumanometer
BLOODPRESSURE STANDARD THE WORLD OVER

W. A. Baum Co. Inc. will show for the first time in Michigan the new STANDBY Model Lifetime Baumanometer. Routine office bloodpressure readings are greatly simplified by this new office Model. Standing on the floor, it is 38½" high. Made of die cast magnesium (Dow Metal), it weighs only 6½ pounds. The STANDBY Model is practical and pleasing in design and proportion and possesses other new and original features.

Becton, Dickinson & Co. **Space No. E-18**
Rutherford, New Jersey

Becton, Dickinson & Company will exhibit a full line of all glass syringes, rustless steel needles, Asepto syringes, thermometers, Ace bandages and diagnostic instruments.
The attendants at the booth will be competent to answer questions regarding use, care, sterilization and standardization of all items and will be happy to discuss problems pertaining to the instruments at any time.

Boericke & Tafel **Space No. F-3**
Chicago, Illinois

The Exhibit of Boericke & Tafel, under supervision of their genial representative, Mr. Frank B. Monroe of Battle Creek, is featuring Concentrated Liver Extract (oral) for pernicious anemia. Their display of Pharmaceuticals and books is captioned under the unique slogan "Over a Century of Service."

The Borden Company **Space No. F-19**
New York, New York

New, yet already remarkably successful in infant feeding, BIOLAC is exhibited for the first time in Michigan at the Borden Booth. Competent representatives will gladly provide specific, helpful information on the unique virtues of this **liquid** modified milk.
Also exhibited are other Borden products, notably Dryco, Special Dryco, Klim, Beta Lactose, Merrell-Soule Products and Borden's Irradiated Evaporated Milks.

The Burrows Company **Space No. D-20**
Chicago, Illinois

The Burrows Company will display the electric Suction and Ether Unit, Superior Electric Breast Pump, the Dud-O-Vac, an automatic siphon suction apparatus, and many other special items interesting to the medical profession.
We trust we may have the pleasure of a visit from you.

Cameron Surgical Specialty Co. **Space No. A-6**
Chicago, Illinois

See the new improved Cameron Electro-Diagnostoset, the portable Color-Flash Clinical

Camera, the combination Projectoray Diagnostic & Operating Lamp and Projector, the office model Radio-Frequency Cauteradio, and the heavy-duty Cauterodynes for all phases of electro-surgery and electro-coagulation.

S. H. Camp & Company **Space No. B-2**
Jackson, Michigan

Representatives of S. H. Camp and Company will be in attendance at Booth B-2 to discuss their complete line of physiological supports. Anatomical supports for prenatal, postnatal, ptosis, hernia and orthopedic conditions will be shown. There are new, additional, useful ideas in design together with improved phases of construction that will interest you.

Coca-Cola Company **Space No. F-12**
Atlanta, Georgia

Coca-Cola will be served to the physicians with the compliments of the Coca-Cola Company.

Cottrell-Clarke Inc. **Space No. F-18**
Detroit, Michigan

As stationers and printers to the medical profession for over thirty-eight years, the Detroit house of Cottrell-Clarke, Inc., has evolved many interesting developments for better and more efficient case record keeping. Several items in particular will be shown for the first time at this year's exhibit.

R. B. Davis Company **Space No. F-20**
Hoboken, New Jersey

Enjoy a drink of delicious Cocomalt at the R. B. Davis Co. Booth. Cocomalt is refreshing, nourishing and of the highest quality. It has a rich content of Vitamins A, B_1, and D, Calcium and Phosphorus to aid in the development of strong bones and sound teeth; Iron for blood; Protein for strength and muscle; Carbohydrate for energy.

Dazor Manufacturing Corp. **Space No. B-6**
St. Louis, Missouri

See the Dazor Floating Lamp—A touch actually floats it to **any** position! And, then it **stays** in that position! It's the only light on the market that achieves the **perfect** position for gynecological and rectal work—a perfect lamp for the general practitioner.

Detroit Creamery Company **Spaces No. E-16-17**
Detroit, Michigan

This exhibit will represent the Sealtest Laboratory System which includes the Detroit Creamery, Ebling Creamery, Grand Rapids Creamery, Ann Arbor Dairy, and the Artic Dairy. The Sealtest system of laboratory control will be stressed. There will be charts, photographs, and designs showing the processing of the milk from farm to doorstep. Be sure to see the new Homogenized, Vitamin D Milk!

Detroit First Aid Company **Space No. A-7**
Detroit, Michigan

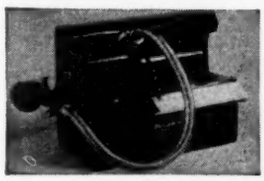
Mollo-pedic Shoes solve the problem of foot covering when bulky bandage or cast forbids the use of ordinary shoes. They are made of soft fabric with sponge rubber soles. Patented lacing permits adjustment to any bandage or cast.

Mollo-pedic shoes are available in four sizes, at leading surgical supply dealers.

Detroit X-Ray Sales Co. **Space No. B-11**
Detroit, Michigan

The Detroit X-Ray Sales Company takes pleasure in again exhibiting late developments in the X-ray field by the F. Mattern Manufacturing Company, of Chicago. They will show two new Units, which were demonstrated for the first time at the A.M.A. at St. Louis, and caused wide-spread comment and enthusiasm. A cordial invitation is extended to Members of the Society to visit their booth, and witness demonstration.

Dictaphone Corporation **Space No. A-9**
New York, New York



The Dictaphone Corporation cordially invites you to inspect its display of Dictaphone equipment and to discuss its application in the Medical Profession with those in attendance. Our Dictaphone Dictating Machine with Nuphonic Recording, Transcribing Machine with Nuphonic Reproduction, together with S-12 Shaving Machine will be on demonstration.

Dietene Company **Space No. B-14**
Minneapolis, Minnesota

Dietene—council-accepted for use when reducing. A single food low in calories, rich in protein, minerals, and vitamins. Patients cooperate on the Dietene regime, because Dietene meals are satisfying, easy to prepare, and economical. You are invited to stop at Booth B-14 and sample this delicious, low calorie food.

Duke Laboratories,Inc. **Space No. B-3**
Stamford, Connecticut

Duke Laboratories, Inc., specialize in the Manufacture of elastic adhesive plasters. The representatives in charge will be glad to demonstrate Elastoplast, the original elastic adhesive plaster bandage, and Mediplast, the ready-for-use emergency dressing. Be sure to get a supply of Nivea, the surgeon's hand creme and superfatted Basis Soap, the detergent for tender, irritated skin.

The Ediphone Co. **Space No. E-7**
Lansing, Michigan

The Ediphone Voicewriter fills a special need of physicians—office and hospital use—for

prompt and accurate record of case histories. Because of instant availability, histories can be dictated immediately after examination in considerable less time than required under shorthand. Thomas A. Edison, Inc., manufacturers of the Ediphone, recently introduced a new Desk model. Placed on the desk, it is ready at all hours to handle office routine.

The Evans-Sherratt Company **Space No. A-6**
Detroit, Michigan

H. G. Fischer & Co. **Space No. F-4**
Chicago, Illinois

H. G. Fischer & Co. 1939 models of x-ray and short wave apparatus are so distinctive, both in improved performance and in various instances greatly lowered price, that every physician should consider inspection a convention obligation. The complete H. G. Fischer & Co. line includes shockproof x-ray apparatus, short wave units, combination cabinets, galvanic and wave generators, ultra violet and infra red lamps and many other units, accessories and supplies. Physicians attending the convention are invited to ask for demonstrations of apparatus in which they are interested and to consult with Fischer representatives regarding technics made available by Fischer apparatus.

C. B. Fleet Co., Inc. **Space No. E-12**
Lynchburg, Virginia

Phospho-Soda (Fleet) is a highly concentrated and purified, aqueous solution of sodium phosphates. It is non-toxic, rapid but mild in action without irritation of the gastric or intestinal mucosa. Indicated for hepatic dysfunction, and for its thorough eliminating and cleansing action on the upper and lower gut.

General Electric X-Ray Corporation
Detroit, Michigan **Space No. F-11**

We cordially invite the physicians and their wives who attend this meeting to make use of the lounge facilities provided at our booth for their comfort. We particularly look forward to a visit from our customers and invite all physicians who may have technical problems, to discuss them with our Staff in attendance. For those who are interested, we would welcome the opportunity to tell you of our contribution in new and improved physiotherapy and x-ray equipment since the 1938 State Meeting.

Gerber Products Company **Space No. E-11**
Fremont, Michigan

The new Gerber's Cereal Food will be shown at Gerber's booth. Samples and professional literature about this Cereal product as well as the other Gerber Baby Foods will be sent to registrants at the booth.

Hack Shoe Company **Space No. B-16**
Detroit, Michigan

Hack Shoe Company, "Shoe Therapists to the Profession," shoes for normal and abnormal feet. Football, basketball, bowling and other athletic shoes with Hack's patented "Tri-Balance" supportive features will be exhibited. Also shown, Hack Shoes for Children: Thomas heels and long medial counter extensions. Hack-O-Pedic Clubfoot Shoes complete the exhibit.

Hanovia Chemical & Mfg. Co. **Space No. B-15**
Newark, New Jersey

The very latest in ultraviolet equipment will be demonstrated, including the outstanding uses of ultraviolet radiation in the fields of science, medicine and public health. Don't fail to see our new line of self-lighting ultraviolet high-pressure mercury arc lamps, Short and Ultra Short wave apparatus, Sollux Radiant Heat Lamps and our latest development, quartz ultraviolet lamps for air sanitation.

J. F. Hartz Co. **Spaces No. F-7-8**
Detroit, Michigan

Equipment, apparatus, pharmaceutical materials to assist the profession in "Keeping pace with modern medicine" will be displayed at the convention. Be sure to see a demonstration of the Hartz-o-therm, a portable shortwave diathermy which does surgery and sells for only $157.50. The Hartz Company looks forward to meeting you.

H. J. Heinz Company **Space No. E-2**
Pittsburgh, Pennsylvania

Heinz Junior Foods, a new variety for older babies, is on display. The Heinz representative is ready to assist you to inspect this new product, as well as the Heinz Strained Foods also on display. Register at the Heinz booth for helpful information.

Holland-Rantos Company, Inc. **Space No. B-10**
New York, New York

A motion picture demonstration of modern contraception technic will be the feature at the Holland-Rantos booth, together with the display of their products, the Koromex diaphragm and jelly and their newer items, the H-R Emulsion jelly and the diaphragm introducer. Please be sure to call and get your complimentary copy of the Physicians' Guide, a valuable manual for the physicians interested in the contraceptive technic.

Horlick's Malted Milk Corporation
Racine, Wisconsin **Space No. D-6**

Nourishing, digestible, appetizing—these are the three outstanding qualities for which HORLICK'S is famous, whether in powder or tablet form. Visit the exhibit in Booth No. D-6. You will be interested in the many uses from infant feeding to old age—note especially the convenience of the Tablets in ulcer diets.

The G. A. Ingram Co. **Spaces No. D-1-2-3**
Detroit, Michigan

The Ingram Company's display at our coming Convention will be very complete and interesting to all. It will include a complete line of both wood and metal furniture, the latest developments in electrical equipment, as well as complete lines of stainless steel instruments of American and Swedish manufacture.

They will show the Syfogen outfit—a nasal therapy unit effective in the treatment of sinus infection, catarrhal deafness, and other stubborn defects of the nose, throat, and ears. Note how easily the unit operates.

Jones Metabolism Equipment Co.
Chicago, Illinois **Space No. C-18**

The Jones Metabolism Equipment Company will feature as their display the Jones MOTOR BASAL metabolism apparatus.

A special feature of this unit is that it contains no water and requires no calculation in the determination of the basal metabolic rate.

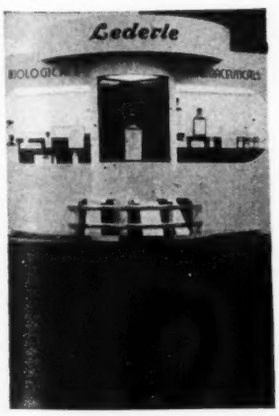
The Jones Surgical Supply Co. **Space No. F-1**
Cleveland, Ohio

The Jones Surgical Supply Co. will again display at the Annual Michigan State Medical Meeting. The display will consist of surgical instruments, pharmaceutical specialties, and the new modern General Automatic Short Wave apparatus. The display will be attended by Mr. Max Warren of Owosso, Michigan, and Mr. L. G. (Jack) Voorhees of Cleveland, Ohio.

A. Kuhlman & Co. **Space No. C-3**
Detroit, Michigan

A. Kuhlman & Company, the oldest surgical supply house in Michigan, will show selected surgical instruments for the general practitioner and specialist, including several new items for the urologists and the Johnston Modified Miller Abbott Tube for intestinal intubation, also the new ice and water bag for sinus application.

Lederle Laboratories, Inc. **Space No. B-8**
New York, New York



The Lederle Laboratories, Inc., will exhibit their line of Specific Antipneumococcic Sera for all types of Pneumococcus Pneumonias. Also on display will be serum's newest ally, the drug Sulfapyridine, in capsules and tablets. All other biologicals and pharmaceuticals, including Poison Ivy Extract, Solution Liver Extract and other specialties, will be exhibited. Competent representatives will be in charge.

Lea & Febiger **Space No. F-13**
Philadelphia, Pennsylvania

Lea & Febiger will display among their new works Haden's Hematology, Stimson's Fractures and Dislocations, Spaeth's Ophthalmic Surgery, Witherspoon's Clinical Pathological Gynecology, DeGaris, Lachmann and Chase's Human Anatomy, Smith's Heart Patients. New editions will be shown of Fishberg's Hypertension and Nephritis, Prinz and Greenbaum's Diseases of the Mouth and Their Treatment, Brown's Oral Surgery, Musser's Internal Medicine, Stone's New-Born Infant, Levine's Otology and others.

Libby, McNeill & Libby **Space No. C-5**
Chicago, Illinois

Libby, McNeill & Libby, Chicago, extends a cordial invitation to all physicians to visit the Libby Homogenized Baby Foods display. This exhibit graphically illustrates why fruits and vegetables in finely divided form, such as these Homogenized Foods, are well tolerated by infants as young as one or two months of age. We will appreciate your registering for literature and samples of these Homogenized Baby Foods.

Liebel-Flarsheim **Space No. C-6**
Cincinnati, Ohio

Liebel-Flarsheim, Cincinnati, Ohio, will exhibit the well-known L-F Short Wave Generators as well as the famous Bovie Electro-Surgical Units. In addition, other new and useful physiotherapy apparatus will be shown.

A cordial invitation is extended to visit the Liebel-Flarsheim booth to inspect this new apparatus and have it demonstrated to you.

Eli Lilly and Company **Space No. B-4**
Indianapolis, Indiana

Eli Lilly and Company feature an exhibit stressing the importance of liver extract in the treatment of pernicious anemia; "Merthiolate" (Sodium Ethyl Mercuri Thiosalicylate, Lilly) in the surgical and germicidal fields; "Sodium Amytal" (Sodium Iso-amyl Ethyl Barbiturate, Lilly) in the field of hypnotics; and Iletin (Insulin, Lilly) in the management of diabetes mellitus. This is the first appearance of the Lilly Research Laboratories at the meeting of the Michigan State Medical Society and the exhibit unit has been specially designed for state medical meetings.

J. B. Lippincott Company **Space No. E-1**
Philadelphia, Pennsylvania

Among the newer Lippincott publications on display will be the phenomenally successful Thorek's "Modern Surgical Technic" and Kracke's "Diseases of the Blood and Atlas of Hematology," from which illustrations are being displayed at the World's Fair Medical Exhibit. Other important new works include: Rigler's "Outline of Roentgen Diagnosis," Barborka's "Treatment by Diet" and Imperatori's "Diseases of the Nose and Throat."

M & R Dietetic Laboratories Inc.
Columbus, Ohio **Space No. F-14**

M & R Dietetic Laboratories, Inc., will display Similac and powdered SofKurd. Representatives will be glad to discuss the merits and suggested application of these products.

Mead Johnson & Company **Spaces No. C-1-2**
Evansville, Indiana

Three new Mead products are on display at Mead Johnson & Company's booths: Mead's Thiamin Chloride Tablets; Mead's Cevitamic (Ascorbic) Acid Tablets; Mead's Nicotinic Acid Tablets.

Medical Arts Surgical Supply Co.
Grand Rapids, Michigan **Spaces No. C-7-8-9**

The Medical Arts Surgical Supply Company will show the office of tomorrow featuring the latest in Hamilton furniture and some of Grand Rapids-made desks and chairs. They also will feature the Liebel-Flarsheim Short Wave and Davis Bovie cutting units, along with a full line of stainless steel instruments, suction machines, metabolism outfits, and various other equipment for the modern office.

Medical Case History Bureau **Space No. E-19**
New York, New York

The Medical Case History Bureau will feature a patient's history record system which is endorsed and used by many of the foremost physicians. The history charts are printed in all sizes and outlines especially suited for the various branches of medicine and also general practice. One of the many advantages of the system is the limitless space for the history and the simple method of cross-indexing the diagnosis of interesting cases. The bookkeeping cards are efficient and simple to use.

The Medical Protective Company
Wheaton, Illinois **Space No. C-21**

The most exacting requirements of adequate liability protection are those of the professional liability field. The Medical Protective Company, specialists in providing protection for professional men, invites you to confer, at their exhibit, with the representative there. He is thoroughly trained in Professional Liability underwriting.

Medical Supply Corp. of Detroit **Space No. E-3**
Detroit, Michigan

An opportunity to examine "tomorrow's medical equipment today" will be afforded Michigan physicians at the Medical Supply Corporation booth. Featured will be the Lepel Short Wave Machines, Lepel Sinusoidal Machines. Lepel Ultra Violet Lamps, Sklar Rotary Suction Pumps, and a Pandora Bag Display. In attendance to serve the doctor will be Mr. F. A. Janusch, P. T. Sawyer, and H. A. Berg. Be sure to visit Booth E-3.

The Mennen Company **Space No. D-21**
Newark, New Jersey

The Mennen Company will exhibit their two baby products—Antiseptic Oil and Antiseptic Borated Powder. The Antiseptic Oil is now being used routinely by more than 90% of the hospitals that are important in maternity work. Be sure to register at the Mennen exhibit and receive your kit containing demonstration sizes of their shaving and after-shave products; also, for the lucky number prize drawing to be held at the close of the Convention for DeLuxe Fitted Leather Toilet Kits.

Merck & Co., Inc. **Space No. C-20**
Rahway, New Jersey

Sulfapyridine Merck (introduced as "Dagenan," "M. & B. 693") will be on exhibit in the Merck booth. A chart giving the gross mortality in 2,662 cases of pneumococcic pneumonia, and also the mortality rate with the individual types of the pneumococcus, will be displayed. Literature will be available giving detailed information on the administration of Sulfapyridine Merck and the cautions to be exercised in its use.

The Wm. S. Merrell Co. **Space No. D-11**
Cincinnati, Ohio

Among therapeutic agents to be displayed at the Merrell booth will be Catarrhal Oravax, an effective catarrhal vaccine prepared in enteric coated tablets for oral administration. Representatives will have clinical reports to show interested physicians.

Michigan Magnetic Mineral Water Company
St. Louis, Michigan **Space No. F-6**

Natural Ray Mineral Water from the Magnetic Spring at St. Louis, Michigan, discovered in 1869. Bottled and sealed at the spring. A palatable mineral water that compares favorably with the water of leading European mineral springs. Served free at the exhibitor's booth.

Michigan Society for
Group Hospitalization **Space No. F-9**

Representatives of the Michigan Society for Group Hospitalization will be available at this booth to explain all features of the Michigan plan for hospital care.

The C. V. Mosby Company **Space No. F-21**
St. Louis, Missouri

The C. V. Mosby Company will display the following books just off the press: "Varicose Veins" by Ochsner and Mahorner; "Operative Orthopedics" by Willis C. Campbell; "Positioning in Radiography" by K. C. Clark; "Atlas of Radiographs" by A. P. Bertwistle; "Clinical Gastroenterology" by H. W. Soper; "Diseases of the Skin" by Sutton and Sutton; "The Practice of Allergy" by W. T. Vaughan; and "Life and Letters of Dr. William Beaumont" by Jesse Myer. Nearly two hundred other titles will also be shown.

The Muller Laboratories **Space No. C-19**
Baltimore, Maryland

Mull-Soy will be shown. This is a soy bean milk-substitute in concentrated fluid form, valuable in the diets of those patients who are allergic to cow's milk. It is palatable, nutritious, simple to prepare, and Council Accepted.

Parke, Davis & Company
Detroit, Michigan **Spaces No. C-13-14-15**

Members of the staff of Parke, Davis & Company will be at your service to tell you about some of their Research Staff's numerous scientific accomplishments. Mapharsen, Adrenalin,Pitocin, Pitressin, Theelin, Theelol, and biological products will be a part of this attractive exhibit.

Pelton & Crane Company **Space No. B-12**
Detroit, Michigan

See the new high-intensity, no-heat surgical light just announced by Pelton & Crane. Also a full line of Pelton Sterilizers, including the new "pocketsize" 6" by 12" automatic autoclave. Mr. C. K. Vaughan will be in charge to answer any questions.

Pet Milk Sales Corp. **Space No. E-10**
St. Louis, Missouri

An actual working model of a milk condensing plant in miniature will be exhibited by the Pet Milk Company. This exhibit offers an opportunity to obtain information about the production of Irradiated Pet Milk and its uses in infant feeding and general dietary practice. Miniature Pet Milk cans will be given to each physician who visits the Pet Milk Booth.

Petrolagar Laboratories **Space No. E-9**
Chicago, Illinois

Petrolagar Laboratories, Inc., offer, in addition to samples of the Five Types of Petrolagar, an interesting selection of descriptive literature and anatomical charts. Ask the Petrolagar representative, Mr. R. J. Corkey or Mr. L. F. Harrison, to show you the new HABIT TIME booklet. It's a welcome aid for teaching bowel regularity to your patients.

Philip Morris & Co. Ltd., Inc. **Space No. F-10**
New York, New York

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

Physicians Equipment Exchange
Detroit, Michigan **Space No. F-16**

This year again the Physicians Equipment Exchange will meet its many medical friends with an entirely new display. Featured will be our smart A. W. Cotton Company Walnut furniture at a price that will invite comparison. The furniture is practical, economical, attractive and satisfactory in every respect. Also there will be numerous other pieces of equipment which will be of interest. We invite you to stop for a moment. The time spent will be well worth while.

Professional Management **Space No. A-3**
Battle Creek, Michigan

Henry C. Black and Allison E. Skaggs cordially invite the doctors of Michigan to stop at their booth. Financial Records, Case Records, Budgets, Collection Management, and Business Counsel are all parts of Professional Management's regular service. Reprints from the Michigan State Medical Journal will emphasize the **Planning of an Estate.**

Ralston Purina Company, Inc. **Space No. C-17**
St. Louis, Missouri

Low Calorie Diets, and Wheat, Egg and Milk-free Diet Lists are displayed in the Ralston Purina Co. booth. Physicians are invited to register for Allergy and Low Calorie Diets, and samples of Ry-Krisp, the whole rye wafer. Ralston Whole Wheat Cereal and literature of especial interest to pediatricians and general practitioners also available.

Randolph Surgical Supply Co. **Space No. A-10**
Detroit, Michigan

Randolph Surgical Supply Company will again display the ultimate in modern Doctors' office equipment.

A feature of our exhibit will be the most modern type of examining room tables and treatment stands.

Also on display will be the latest diagnostic instruments including many new innovations.

E. J. Rose Manufacturing Co., Inc.
Detroit, Michigan **Space No. B-9**

E. J. Rose Mfg. Co. displays a complete line of physiotherapy equipment; featuring the new Full Spectrum Cold Quartz Ultra Violet Generator and Variable Short Wave in choice of four wave lengths in one unit. They also show a new development in Short Wave therapy, utilizing the principle of a Directional Radio Beam.

S. M. A. Corporation **Space No. E-8**
Chicago, Illinois

Among the technical exhibits at the convention this year is an interesting new display, which represents the selection of infant feeding and vitamin products of the S. M. A. Corporation. Physicians who visit this exhibit may obtain complete information, as well as samples, of S. M. A. Powder and the special milk preparation—Protein S. M. S. (Acidulated), Alerdex and Hypo-Allergic Milk.

W. B. Saunders Company **Space No. A-2**
Philadelphia, Pennsylvania

These publishers will exhibit a complete line of their books. Of particular interest to the profession are many new books and new editions, including the new (2nd) edition of Christopher's "Surgery," Wiener and Alvis "Surgery of the Eye," McNally's "Medical Jurisprudence and Toxicology," new (4th) edition of Wechsler's "Clinical Neurology," new (2nd) edition of Noyes' "Psychiatry," new (9th) edition of Todd and Sanford's "Laboratory Diagnosis," Hauser's "Diseases of the Foot," new (2nd) edition of Callander's "Surgical Anatomy," the new (11th) edition of Scudder's "Fractures," Cutler's new book on "Cancer,' and Morrison's new work on "Nose, Throat and Ear."

Schering Corporation **Space No. D-5**
Bloomfield, New Jersey

Representatives of the Schering Corporation, leaders in the development and production of scientific and pure sex hormone preparations, will be pleased to receive members of the medical profession. Latest information will be available on the clinical use of the estrogen preparations, PROGYNON-B and PROGYNON-DH; the corpus luteum hormone preparation, PROLUTON; and the male sex hormone preparation, ORETON.

Scientific Sugars Co. **Space No. F-17**
Columbus, Indiana

Cartose and Kinney's Yeast Extract (Vitamin B Complex), and other preparations interesting to the physician will be shown at Scientific Sugars Company booth. Physicians are cordially invited to inspect this display.

Sharp & Dohme **Space No. A-8**
Philadelphia, Pennsylvania

Sharp & Dohme have a new modern display this year, featuring their well-known Propadrine Hydrochloride Products. There will also be on display a group of pharmaceutical specialties and biologicals prepared by this house. Capable, well informed representatives will be on hand to welcome physicians and furnish information on Sharp & Dohme products.

Smith, Kline & French Laboratories
Philadelphia, Pennsylvania **Space No. B-7**

Smith, Kline & French Laboratories invite physicians to stop and obtain complimentary samples of "Benzedrine Inhaler." The representative will be glad to answer questions about "Benzedrine Sulfate Tablets," "Benzedrine Solution" and Pentnucleotide. Physicians may help themselves from convenient literature dispensers without the bother of leaving their names. They will not be solicited to register.

C. M. Sorensen Co., Inc. **Space No. A-1**
Long Island City, New York

Your visit to the C. M. Sorensen Co. booth is respectfully invited, to inspect several new models of office treatment suction and pressure outfits for ear, nose and throat work. A wide range of combinations and prices to suit every need and purpose has been made available.

E. R. Squibb & Sons **Space No. D-4**
New York, New York

Physicians attending the Michigan State Medical Society Meeting are cordially invited to visit the Squibb Exhibit. The complete line of Squibb Vitamin, Glandular, Arsenical and Biological Products and Specialties, as well as a number of interesting new items, will be featured.
Well informed Squibb Representatives will be on hand to welcome you and to furnish any information desired on the products displayed.

Frederick Stearns & Company
Detroit, Michigan **Spaces No. C-10-11**

It will be a real peasure to welcome all our old friends at the Frederick Stearns and Company exhibit.
Our professional representative will gladly supply all possible information on Neo-Synephrin in all its various dosage forms. Mucilose, Appella Apple Powder, Stearns Solution Zinc-Insulin Crystals, and other newly developed products.
You are cordially invited.

James Vernor Company **Space No. C-4**
Detroit, Michigan

In keeping with the slogan "A Preferred Beverage for Home and Hospital" Vernor's will display their products and be prepared to serve Ginger Ale—HOT or COLD.
The exhibit will be educational and literature of interest to the Medical Profession will be available.

Wall Chemicals Corporation **Space No. B-5**
Detroit, Michigan

Wall Chemical Corporation, a division of the Liquid Carbonic Corporation, will have on display a quantity of compressed gas anesthetics and resuscitants. There will also be a complete line of oxygen therapy equipment including the "Walco" oxygen humidifier, for the nasal administration of oxygen, and the "Walco" oxygen face mask.

U. S. Standard Products Company
Woodworth, Wisconsin **Space No. D-13**

U. S. Standard Products Company will exhibit their products at the Michigan State Medical Meeting in September.

Physicians are invited to visit our booth, meet our Michigan representatives and get acquainted with our line of biologicals, ampules, glandular preparations and specialties. There will be displayed new products which will be of interest to physicians.

Westinghouse X-Ray Company, Inc.
Long Island City, New York **Space No. C-16**

The Westinghouse X-Ray Company, Inc., is exhibiting a small X-Ray unit suitable for use in a doctor's office or small hospital. It provides facilities for both radiography and fluoroscopy, while being compact and popularly priced. Latest design physical therapy equipment and operating-room lights are included.

Winthrop Chemical Co. **Space No. D-10**
New York, New York

Winthrop Chemical Company, Inc. extends a cordial invitation to every member of the Michigan State Medical Society to visit their booth where representatives will gladly discuss the latest preparations made available by this firm. You will receive valuable booklets dealing with anesthetics, analgesics, antirachitics, antispasmodics, antisyphilitics, diagnostics, diuretics, hypnotics, sedatives and vasodilators.

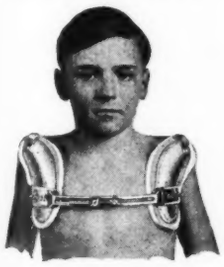
John Wyeth & Brother, Inc.
Philadelphia, Pennsylvania **Spaces No. C-22-23**

Among the John Wyeth & Brother specialties will be: Amphojel, the modern treatment for hyperacidities and peptic ulcer; Kaomagma, the absorbent medication for diarrhea and intestinal disorders; Silver Picrate, in powder and suppository form for trichomonas vaginitis; Mucara for intestinal stasis; and Bewon Elixir, indicated for appetite stimulation.

The Zemmer Company **Space No. F-2**
Pittsburgh, Pennsylvania

The Zemmer Company will display a number of their leading pharmaceutical products, also distribute samples to members of the medical profession.
A cordial invitation is extended to members of the medical profession to visit Exhibit No. F-2.

Zimmer Manufacturing Co. **Space No. B-1**
Warsaw, Indiana



The Zimmer Manufacturing Company are exhibiting a full line of Fracture Equipment. We especially wish to call your attention to the improved bone instruments which will be on display. The new bone saw is very unique, inexpensive and outstanding in its simplicity. Demonstrations of this instrument will gladly be given at any time by representatives in charge of the booth.

ANNUAL REPORT OF THE COUNCIL, M.S.M.S., 1938-39

The last paragraph of our 1938 report to the House of Delegates stated in part: "There is still much to be done, especially with the problem of distribution of medical care in particular to the relief group, a decision on group hospitalization . . ., and how to supply medical care to those in the borderline group who need it."

In the brief space of twelve months we have experienced the passage of three pieces of legislation covering these important subjects which now permit progressive plans to be put into effect. In other matters of almost equal importance, our progress during the past 365 days has been astonishingly rapid.

Since the 1938 session of the House of Delegates, the Council has convened three times (up to Sept. 18, 1939) and the Executive Committee 14 times—a total of 17 meetings. All business of the Society including the matters studied by the 23 committees of the MSMS was routinely referred to The Council or its Executive Committee for consideration and approval. Each such session represented a period of 10 to 12 hours continuous work.

Membership

Members in good standing as of July 31st and as of December 31st of the years 1935 to 1939 inclusive are best indicated by the following chart:

	1939	1938	1937	1936	1935
As of July 31.....	4,255	3,958	3,757	3,457	3,410
As of Dec. 31.....		4,205	3,963	3,725	3,653

The very definite increase in membership of 845 (to July 31, 1939) since 1935, attests to the fact that the members feel they are deriving benefits from their investment.

Finances

The Auditor's report for the fiscal year 1938 was published in the M.S.M.S. JOURNAL of March, 1939. This gave full details of the transactions of last year. Detailed reports on the financial condition of the Society have been studied by The Council and by the Executive Committee of the Council at each meeting (comparisons of the budget allowances with actual expenditures were also made).

The Special Committee on Securities has made frequent studies of the position of our bonds, and has recommended several changes to the Executive Committee and The Council with a view to disposing of the less favorable holdings and replacing them by securities of the highest class. Several such changes have been made, thus insuring the solidity of the Society's investments. The Executive Committee has also studied the changes in ratings at each meeting.

It is difficult at this time to determine how the current year will come out from the financial standpoint. Your Council believes that it will be several thousand dollars in the black at the end of this year, as the expenditures by some of our Committees may amount to somewhat less than the budgetary allowance.

The Journal

THE JOURNAL reaches each member of the State Society regularly each month. This gives each one an opportunity to judge for himself in regard to the quality of articles published, as well as the format and arrangement of the material in THE JOURNAL.

The Council of the M.S.M.S., at the time of reorganization in 1902, decided upon the publication of a monthly JOURNAL, and to defray the cost, set aside $1.50 of each member's dues. This sum, to-

gether with the advertising revenue, was presumed to meet the costs of publication each month. While THE JOURNAL has enlarged in size and improved in quality, the allotment of $1.50 from the dues still stands. An effort is being made on the part of your committee to increase the amount of advertising by having a representative from the coöperative bureau of the American Medical Association spend more time locally in Michigan. It is hoped that this will increase the revenue for THE JOURNAL.

The general unrest and self-assertiveness of labor has had its effect in increasing publication costs of THE JOURNAL.

The importance of this particular venture of The Council, namely, THE JOURNAL, cannot be overemphasized at this time. THE JOURNAL is something visible and tangible which each member of the Society receives. It keeps him informed in regard to the social and economic phases of medicine and provides him a monthly postgraduate course. A great deal of time and effort goes into the annual meeting of the Society, which has become so large that the meetings must alternate between two of the metropolitan centers of the state as they have outgrown the accommodations elsewhere. Excellent programs are presented at these meetings. A paper read before a group of doctors is transitory matter and it is impossible to remember statistical details and charts flashed for an instant on a screen, with sufficient accuracy to be of value afterward. THE JOURNAL presents these papers in permanent form. Hence, as an institution, your JOURNAL rivals the annual meeting.

Not only this, your committee, as well as The Council, has realized the importance of encouraging study and clinical research among practising physicians and surgeons and has enlarged the scope of THE JOURNAL so as to include the best of papers presented at county societies as well as those read before specialist groups. The demand for space in THE JOURNAL by contributors not only keeps up but is on the increase.

We, therefore, call your attention to the importance the JOURNAL has attained as one of the activities of your Society.

Organization

Your councilors and officers have attempted to comply with the instructions of the 1936 House of Delegates that all county medical societies, including those in the Upper Peninsula, be visited yearly. The past year has seen a great deal of travel by your State Society officers. Good organization in the eighty-three counties has been maintained, and an apparent appreciation by county medical societies of the State Society's efforts to assist them with their problems has been obvious. Moreover, the individual members of the Society gain a personal acquaintanceship with the M.S.M.S. officers by meeting them face to face at "State Society Nights," and kindred meetings.

Three Secretaries' Conferences were held, following the instruction of the House of Delegates, one in Lansing on January 15, one in connection with the Annual Meeting in Detroit on September 20, and the special Upper Peninsula Secretaries' Conference in Marquette on March 26. All conferences were extraordinarily well attended.

During the past year, 5,000 copies of the excellent booklet "On the Witness Stand" were printed by the M.S.M.S. and distributed to the membership and the laity, to acquaint all with facts on socialized medicine and the Wagner Bill.

County Societies

Greater activity in scientific and civic matters by our county medical societies was the experience of the past year. The scientific programs of most county societies were well worth while, with the M.S. M.S. Speakers Bureau assisting in securing talks to an increasing degree. Activity in legislative matters was outstanding in our component units in 1939. We again recommend that *all* county societies give important time on their programs to practical discussions on medical service—especially during the year 1939-40. Secretary's Letters were sent monthly to county society presidents, secretaries, and four times during the year to all members of the M.S.M.S.

On December 18, we welcomed the Van Buren County Medical Society as the fifty fourth component part of the M.S.M.S.

The Council reiterates its important recommendation that county medical societies retain efficient secretaries and delegates, as these two offices make the Society go.

Committees

The immense volume of work done by the State Society, during 1938-39, can best be appreciated by studying the annual reports of the M.S.M.S. Committees. All committee actions were reviewed by the Council or the Executive Committee.

The Council is grateful and thanks all committee chairmen and members for their hard work performed in behalf of the 4,200 members of the Michigan State Medical Society.

Particularly arduous was the work of the Legislative Committee and of the Committee on Distribution of Medical Care, in connection with voluntary group medical care plans; this subject also required many extra hours of intense study by the Executive Committee of The Council.

In connection with the work of the Advisory Committee on Postgraduate Education, the Executive Committee ruled during the past year that applicants for certificates be members in good standing of their county and state medical societies.

The report of the Committee on Scientific Work does not appear in writing, but is best evidenced by the excellent program which it arranged for the seven General Assemblies, the six Sections, and by the Scientific and technical exhibits at the 1939 Convention. The M.S.M.S. annual meeting has become a "medical world's fair," unique among state medical societies.

Medico-Legal Committee: Three meetings of the Medico-Legal Committee were held since January. Some changes in procedure were inaugurated, including the development of a more comprehensive "Application for Defense" form, instructions to physicians when they report threats, and the transfer of the detail work of the Committee to the M.S.M.S. executive office.

Fourteen cases have been reported since the first of the year, but all except two were covered by private insurance companies, and one of these was not an M.S.M.S. member at the time the alleged action arose.

Since 1935, there has been activity on the part of the Michigan State Medical Society to discontinue or limit the maintenance against legal defense of malpractice suits. At that time a committee including two of the present members of this special committee was appointed and an endeavor was made to curtail this unnecessary expense. The U. S. Treasury Department, during the past winter, ruled that disbursing funds for such purposes made Michigan State Medical Society subject to payment of income tax on all moneys received.

Your committee has over these five years made a rather complete study of the situation through sur-

veys in the State and consultation with other states. It was determined that about 94 per cent of our members carry commercial malpractice insurance. Part of the other 6 per cent are either retired or partially retired physicians or men whose work is exclusively institutional. This would seem to indicate that the great majority of our active members are protected without carrying on the Medico-Legal Defense Fund. It was discovered, however, that in some states where the medico-legal defense fund was discontinued the commercial rates had been raised, but in most of these cases there had been a complete cessation of organized protection against malpractice.

Since the income tax assessment against the Michigan State Medical Society amounts to considerable money, it was felt by The Council that the protection achieved was not comparable with the tax involved. A sub-committee of The Council was appointed consisting of Dr. Irving Greene, Dr. Roy H. Holmes and Dr. F. T. Andrews to work out a plan for submission to the House of Delegates which would eliminate the taxation involved. Later, Dr. Vernor M. Moore succeeded Dr. Greene on the committee.

In order to maintain Medico-Legal Defense and still avoid taxation, it would be necessary to set up an entirely separate corporation to carry on this very limited service. The financial cost of such a corporation would be considerable, and the collecting of funds would be difficult since participation would of necessity be voluntary.

The amendment which will be submitted to the House of Delegates will provide for the continuance of an Advisory Committee working in coöperation with each county's medico-legal counselor and the Councilor of the district involved. This would provide means for obtaining legal advice and medical and scientific witnesses for the defending physician.

Because of the Society's proposed plan to discontinue legal defense of its members and limit the work of the Medico-Legal Committees to an advisory function, the U. S. Treasury Department, on June 7, 1939, reversed its ruling. The Michigan State Medical Society is now classified as a business league, not liable for income taxes. This new classification is contingent on the action of the House of Delegates.

Contacts With Governmental Agencies

Important contacts with agencies of government continue to be a major function of the M.S.M.S. Some of the agencies with which the State Society dealt were the Farm Security Administration, the Works Progress Administration, the Governor's Office, the Michigan Attorney General, Auditor General, Crippled Children Commission, Michigan Welfare Department, Department of Public Instruction, Department of Drugs and Drugstores, Michigan Old Age Pension Bureau, Michigan State Accident Fund, State Board of Registration in Medicine, the State Department of Health. In particular, constant contact was made with the Michigan State Insurance Department in connection with the development of the enabling act for voluntary group medical care and the subsequent incorporation of "Michigan Medical Service," on July 14, 1939.

A brochure on "Treatment of Burns" was developed by the State Society (by a committee headed by Grover C. Penberthy, M.D., of Detroit) at the request of the Crippled Children Commission.

Important contacts were made with United States Senators and Representatives concerning the Wagner Health Bill. The members of the Michigan Legislature were especially cordial to the representatives of the Society in discussing medical matters.

The wisdom of maintaining an executive office in Lansing has been exemplified during the past three years by the increasing number of contacts and friendly relations with important agencies of and individuals in government; the private practitioner's problems are ironed out at the source, and the prestige of the Society increases.

Contacts With Non-Governmental Groups

Friendships with other groups interested in medical service were strengthened materially during the past year, especially with the Michigan Hospital Association. Six representatives of the M.S.M.S. were placed on the Board of "Michigan Society for Group Hospitalization," the corporation sponsored by the Michigan Hospital Association. The present harmonious coöperation of the Michigan Hospital Association with the M.S.M.S. bodes well for the early solution of many joint problems.

Other groups contacted during the year were the Michigan County Clerks' Association, the Michigan Pathological Society, the Michigan Anesthetists Society, the Michigan Waterworks Operators' Association, the Michigan Branch of American Pharmaceutical Association, Michigan Branch of American Academy of Pediatrics, Michigan State Dental Society, Michigan State Nurses' Association, Michigan State Pharmaceutical Society, Michigan Child Guidance Institute. Other valuable contacts were made with the Health Officers at their annual August Conference; and with representatives of all state medical societies at the National Conference on Medical Services (formerly the Northwest Regional Conference) in Chicago, February, 1939, on which occasion your M.S.M.S. Secretary was elected President of the Conference, which honor to Michigan carries with it the obligation of being Conference host in 1940.

Emergencies

Because of the constant attempt of government to encroach upon the private practice of medicine, the M.S.M.S. maintained vigilance and took aggressive action in certain emergencies which arose during the past year. The Wagner Bill required continuous attention, with contacts with our friends in Congress. The amount of propaganda emanating from Washington in behalf of this and similar bureaucratic measures evidences the need for constantly increasing distribution of knowledge to the public through a public relations committee of our national medical organization. A cleverly stimulated public demand for some type of socialized medicine is having its effect on our Congressmen. The only answer lies in giving the facts *to the people* by aggressive national action integrated down through state and county medical societies, dental societies, pharmaceutical associations, and their woman's auxiliaries.

The eternal problem of the Afflicted Child Law was brought to an acute head in 1939 because of an inadequate appropriation for this important state service. Special meetings with the Crippled Children Commission, the Michigan Hospital Association, and the Michigan Probate Judges Association resulted from the drastic action of the Legislature and the Commission in slashing the rates and fees for hospital and medical service of afflicted children.

The Basic Science Board was again enjoined by chiropractors, this time in the Circuit Court of Detroit, July 10, 1939. Immediate action was taken to protect this good educational law.

Developing a plan of voluntary group medical care presented a tremendous volume of work (not to mention a generous amount of prophetic vision) during the past year. The public, which will profit

from the results of the Michigan State Medical Society's labors, will never fully appreciate the extent of the work involved nor the dangers in sailing a new ship over an uncharted sea.

The Michigan State Medical Society has become a quasi-public organization and must look for an ever-increasing amount of activity in civic endeavor and for the common weal. Its position in the State has become one of influence and leadership. The maintenance of these qualities is the responsibility of every one of its individual members.

Progress

Outstanding progress has been made by the Michigan State Medical Society in the year just closed, principally from its leadership in group medical care plans, the passage of the venereal disease control acts, and the medical provisions of the Welfare Reorganization Law.

On the scientific side, it has been influential in bringing additional post-graduate instruction to physicians in their own offices and hospitals by sponsoring field representatives in cancer, venereal disease, pediatrics and maternal health. As stated before, our progress is best indicated by the unusual increase in membership during the last few years.

For the future, we may expect greater problems, more work, and therefore additional accomplishments. Our whole structure depends upon the allegiance and activity of the individual practitioner of medicine to his county and state medical societies, which exist only for the betterment and welfare of their physician-members and the people whom they serve.

Respectfully submitted,

P. R. URMSTON, M.D., *Chairman*
HENRY R. CARSTENS, M.D.
J. EARL MCINTYRE, M.D.
WILFRID HAUGHEY, M.D.
F. T. ANDREWS, M.D.
VERNOR M. MOORE, M.D.
I. W. GREENE, M.D.
T. E. DEGURSE, M.D.
W. E. BARSTOW, M.D.
E. F. SLADEK, M.D.
ROY H. HOLMES, M.D.
A. H. MILLER, M.D.
WM. H. HURON, M.D.
H. H. CUMMINGS, M.D.
GEO. A. SHERMAN, M.D.
A. S. BRUNK, M.D.
P. A. RILEY, M.D.

PLANNING AN ESTATE

(Continued from page 782)

quate, where ordinarily other investments should be paid for in full.

After the life insurance program, after the home question is settled, after all obligations are retired, and a substantial amount of cash is accumulated then and *not until then* should other investments be considered. Further accumulations in cash may well be invested, the first few thousand in high grade bonds, yielding a conservative rate of interest, comparatively liquid, and subject to slight fluctuations in price. Ordinarily these should not be traded on market fluctuations, but should be bought and held, with safety of principal as the primary consideration.

Some men have been very successful with real estate mortgages, and one who knows values, buys well-secured first mortgages, and takes care of them may realize a slightly higher rate of interest than can generally be expected in conservative bonds. A small estate might reasonably exclude any common stocks, but as it becomes larger reasonable additions of common stocks or income-producing property should result in a well-balanced estate. Then the effects of the fluctuations of real values as compared with money values will be minimized. One factor in owning income property or common stocks for investment is the necessity for continuous capable supervision, whether it be in the accumulation or the administration of the estate. Property held for investment should be income-producing and usually self-supporting.

To summarize briefly, set your financial goal at least in principle, with the most important objectives clearly defined. Make it flexible enough to fit changing requirements, and then stick to it. When a "red hot" proposition comes along, make it fit the plan or discard it.

Department of Economics

L. FERNALD FOSTER, M.D., Secretary

THE 1939 ANNUAL SESSION

WHEN you receive your urgent invitation to attend the Annual Meeting, resolve to notify your patients that you will be away from your office September 19, 20, 21 and 22. Tell them you are taking advantage of this unusual postgraduate opportunity. Your patients will appreciate your interest in this meeting which combines many features that will enhance your service to them.

This year's program includes among its outstanding features—

1. A four-day intensive postgraduate conference presenting seventy-four outstanding speakers, thirty-eight of whom are out of Michigan.
2. A presentation and discussion before the House of Delegates of the various social and economic problems facing the profession at this time.
3. A Scientific Exhibit sponsored by various organizations and institutions.
4. The greatest Technical Exhibit ever presented by the State Society. One hundred exhibitors will demonstrate the latest appurtenances of modern practice.
5. Many vacation features including golf, banquets and interesting sight-seeing.
6. A well-rounded program of entertainment for the ladies.

This is your meeting—a $60,000 presentation—made possible only by your interest and attendance. You are urged to attend all the scientific sessions, which form a complete, intensive postgraduate course, covering every specialty and phase of modern medicine.

It is hoped that you will visit and register at each booth in the Technical Exhibit. Ample time has been set aside to enable you to show your friends, the exhibitors, that you appreciate their coöperation in making the 1939 Session a banner meeting. They have much to show you, and your appreciation of their efforts can best be expressed by your registration at each booth.

REMEMBER THE DATES—SEPTEMBER 19, 20, 21, 22, 1939
CIVIC AUDITORIUM—GRAND RAPIDS

THE TECHNICAL EXHIBITION

Exhibit Floor, Civic Auditorium, Grand Rapids, Michigan

VISITORS to the Michigan State Medical Society Convention are enabled to see and familiarize themselves with the latest products of research, invention and manufacturing skill which contribute to the work and efficient service of physicians and surgeons. An educational exhibit of unusual interest and scope has been arranged through the coöperation of leading manufacturers of surgical instruments, x-ray apparatus, sterilizers, operating room lights, ligatures, dressings, hospital apparatus and supplies of all kinds, pharmaceuticals, and publishers of medical books. The Technical Exhibition is conveniently situated with relation to the headquarters registration desk and M.S.M.S. booth. The exhibition is open each day from 8:30 A.M. to 6:00 P.M., providing ample opportunity for its thorough study. The visiting physicians and surgeons will find in the Technical Exhibition an instructive showing of the many great industries allied with the surgeon and the hospital for the better care of the sick and the injured.

BRING YOUR MEMBERSHIP CARD

BE SURE to have your MSMS membership card with you when you visit Grand Rapids for the MSMS convention, in order to facilitate your registration. The registrars do not wish to inconvenience members by having them standing in line. A registration of approximately 2,000 physician-members is anticipated.

THE 1939 GOLF TOURNAMENT

THE Third Annual Golf Tournament of the Michigan State Medical Society will be held at 1:00 P. M., Sunday, September 17, 1939, at the Blythefield Country Club, Grand Rapids. Tickets at $3.50 will include Green Fees, Dinner and Prizes.

THE MICHIGAN POLIOMYELITIS COMMISSION

THE present threatened epidemic of infantile paralysis, in the state, has given rise to the development of the Michigan Poliomyelitis Commission.

This emergency organization has been formed to furnish consultation service for the early diagnosis and prompt orthopedic care of poliomyelitis.

The Commission represents the mobilization of these forces which can best combat this dreaded disease. It was developed through the sponsorship of the Michigan State Medical Society, the Michigan Branch of the American Academy of Pediatrics, the Michigan Department of Health and other interested groups.

It is a fine testimonial to the medical profession of Michigan and a splendid demonstration of coöperative organization which so spontaneously and unselfishly arose to meet a crisis.

When this organization will have served its purpose in the present emergency, it will automatically dissolve.

THE LAW AND YOU

IT IS probably safe to say that few doctors have paused to consider the legal aspects of their profession until their diagnosis of treatment in a given case has been assailed by a patient. When a physician finds himself accused of malpractice, he is often startled by the realization that every act which he performs in the practice of medicine is governed by some well-defined principle of law. He learns that the practice of medicine has a distinct legal aspect.

—*Law and the Practice of Medicine,* W. S. Jordan, Jr., from *Scalpel,* publication of Alpha Epsilon Delta for December, 1937.

SUPPLEMENTARY ROSTER

The following physicians, whose names did not appear in The Directory Number of THE JOURNAL, are members of the Michigan State Medical Society:

Berrien County

Belsley, Frank.....Benton Harbor
Brown, Rolland.....Benton Harbor
Landy, George.....Eau Claire
Lapin, Morey.....Los Angeles, Calif.
Littlejohn, William.....Bridgman

Delta-Schoolcraft County

Lanting, Helen.....Escanaba

Eaton County

Arner, Fred L.....Bellevue
Myers, A. W.....Potterville

Grand Traverse-Leelanau-Benzie County

Clements, F. W.....Interlochen
Flood, Robert E.....Northport

Gratiot-Isabella-Claire County

Pullen, C. D.....Mt. Pleasant

Ingham County

Black, Charles E.....Lansing
Stringer, C. J.....Lansing

Kalamazoo County

Boys, Floyd E.....Charlottesville, Va.

Kent County

Allen, R. V.....Grand Rapids
Boelkins, Richard C.....Grand Rapids
Dick, Mark W.....Grand Rapids
Duiker, Henry.....Grand Rapids
Houghton, G. D.....Caledonia
Rogers, John R.....Grand Rapids
Vann, Norman.....Grand Rapids

Lenawee County

McGarvey, M. J.....Blissfield

O.M.C.O.R.O. Counties

Baumann, Milton C.....Gaylord
Skinner, Edward F.....Gaylord

Van Buren County

Buckborough, M. W.....South Haven

Wayne County

Abrahamson, Max.....Detroit
Alderman, R. F.....Detroit
Barnes, Donald Jerome.....Detroit
Beery, Wm. J.....Detroit
Berke, Sydney S.....Detroit
Bloom, Arthur.....Detroit
Bloomer, Earl.....Dearborn
Braitman, Hyman.....Detroit
Bramigk, W.....Detroit
Burnside, Howard B.....Detroit
Carbone, Louis A.....Detroit
Carson, Herman J.....Detroit
Chall, Henry.....Detroit
Clarke, Emilie Arnold.....Detroit
Clarke, Niles A.....Detroit
Conley, L. C. M.....Detroit
Cowen, Robert L.....Detroit
Cushing, Russell G.....Detroit
Clark, Charles J.....Detroit
Corbeille, Catherine.....Detroit
Daniels, Lewis E.....Detroit
Defever, Cyril R.....Detroit
Dibble, John B.....Detroit
Durham, Robert H.....Detroit
Davis, George H.....Trenton
Eder, Joseph R.....Detroit
Ewing, C. H.....Detroit
Freeman, Benjamin F.....Detroit
Friedlaender, Alex S.....Detroit
Fenner, Wm. A.....Detroit
Gleason, John E.....Detroit
Graff, J. M.....Detroit
Grekin, Joseph.....Detroit
Hall, Arche C.....Detroit
Harris, E.....Detroit
Harrison, Henry.....Detroit
Hodges, Roy W.....Detroit
Honor, Wm. H.....Wyandotte
Hunt, Verne G.....Detroit
Kates, Simon C.....Detroit
Kraft, Raymond B.....Detroit
Kraus, John J.....Detroit
Kovach, Emery P.....Detroit
LaBine, Alfred C.....Detroit
Lammy, James V.....Detroit
Lang, Leonard W.....Detroit
Leach, David.....Detroit
LeGallee, George M.....Detroit
Lichter, M. L.....Melvindale
Lipkin, Ezra.....Detroit
McMahon, Gerald H.....Detroit
McDonell, Frank J.....Detroit
MacFarlane, Howard W.....Detroit
Maior, Roman H.....Detroit
Malone, Herbert.....Detroit
Moritz, H. C.....Detroit
Morse, Ellen.....Detroit
Morse, Plinn F.....Detroit
Muske, Paul H.....Detroit
Naud, Henry J.....Detroit
Oppenheim, Milton M.....Detroit
Paterson, W. G.....Detroit
Pelletier, Charles J.....Hazel Park
Pittman, J. E.....Detroit
Porter, Howard.....Romulus
Prendergast, John J.....Detroit
Reed, Fred R.....Detroit
Robertson, Stanley B.....Detroit
Robertson, Tom H.....Detroit
Robillard, Henry J.....Detroit
Roth, Edward T.....Detroit
St. Amour, Hector J.....Detroit
Saltzstein, Harry C.....Detroit
Sanderson, Alvord R.....Grosse Pte. Pk.
Schiller, Arthur E.....Detroit
Schmidt, Harry B.....Detroit
Schmidt, Harry E.....Detroit
Seabury, Frank P.....Detroit
Shawan, Harold K.....Detroit
Spademan, Loren C.....Detroit
Sparks, J. H.....Detroit
Stern, Edward A.....Detroit
Stocker, Harry.....Detroit
Shellhamer, Claire.....Detroit
Swanson, C. N.....Detroit
Sciarrino, Stanley V.....Detroit
Tamblyn, E. J.....Detroit
Tapert, Julius C.....Detroit
Thomas, Delma F.....Detroit
Trombley, Joseph J.....Detroit
Walker, J. Paul.....Detroit
Wall, Joseph A.....Detroit
Waltz, Frank D. B.....Detroit
Watts, John J.....Detroit
Weber, Karl W.....Detroit
Weinstein, Jacob.....Detroit
Weisberg, A. Allen.....Detroit
Wood, Wilford C.....Detroit

MICHIGAN'S DEPARTMENT OF HEALTH

HENRY A. MOYER, M.D., Commissioner
LANSING, MICHIGAN

POLIOMYELITIS

An unprecedented rise in the incidence of poliomyelitis occurred during the month of July. The total of eighty-four cases reported to the Michigan Department of Health exceeded that for the same month in any previous year. Practically all of the cases thus far have been reported in the eastern part of the state, sixty-six of the July cases being reported in Detroit. In all previous outbreaks the disease did not assume such proportions until August, the peak being reached the latter part of August or the first week in September. The early increment of cases this year may constitute a major hazard.

To meet the threat of a possible state-wide outbreak, the State Medical Society, the State and local health departments and the United States Public Health Service have undertaken a concerted effort to secure early recognition and laboratory diagnosis of all cases, followed by adequate medical attention and orthopedic treatment when necessary. The State Medical Society has established 12 districts and arranged for trained consultants in each of these areas who may be called upon by practicing physicians. This consultant service may be arranged through the secretaries of the local medical societies. Information on the early recognition and treatment of poliomyelitis is also being made available to physicians through their local societies.

The Michigan Department of Health and local health departments are providing epidemiological service and a clinical pathologist is available for the demonstration of clinic procedures in the diagnosis of the disease. The Bureau of Laboratories is equipped to supply laboratory diagnostic service and has informed all registered laboratories throughout the state of measures recommended in the diagnosis and differential diagnosis of poliomyelitis. The time elements suggested in these recommendations are vital. Chemical and cytological examinations on bloody fluid are of no value although such specimens can be used for bacteriologic tests.

1. *Cell counts.* Accurate cell counts are obtained only within one-half hour after withdrawal of the fluid, after which time cell counts cease to be reliable.
2. *Protein determinations.*
   a. Quantitative total protein determinations are made according to any of the modifications of the standard methods used in blood chemistry. Poliomyelitis cases routinely will show increased total protein which persists longer than the rise in total number of cells. It is, therefore, of particular value when cell counts may be low or normal.
   b. Globulin tests are of less value than total protein. Many cases show only a very slight increase in globulin but have a definite increase in total protein.
3. *Quantitative sugar.* This test must be done within one or two hours after withdrawal of fluid. It is of value in differential diagnosis between poliomyelitis, tuberculosis and the purulent meningitides (in such cases other bacteriologic tests are indicated). It is of no aid in differentiation of poliomyelitis and encephalitides.
4. *Gold chloride.* This is of little or no value

either in the diagnosis or differential diagnosis of suspected poliomyelitis.

5. *Bacteriologic routine cultures* and stain preparations should be made on all specimens to rule out other infections.

The examination of spinal fluid is an important aid in the diagnosis of poliomyelitis. It should include cell count, protein determination, quantitative sugar determination and bacteriologic examinations.

The Michigan Department of Health does not recommend any form of prophylaxis, nor will convalescent serum or whole blood be supplied since little justification has been found for their administration in poliomyelitis cases. As far as the public generally is concerned, it will be the policy of the Department to allay any mass hysteria which untimely publicity regarding this disease may arouse. The incidence and mortality of this disease do not warrant any such fear. It is recommended that public schools be opened as scheduled and kept open unless unusual localized conditions may warrant otherwise. Children will be better protected in the school where they are under constant observation and control.

* * *

NEW VIRUS RESEARCH LABORATORY

Michigan may well become the midwest center for research in virus diseases with the establishment in Lansing by the Michigan Department of Health of a special virus research laboratory under the supervision of Dr. Sidney David Kramer.

The new research laboratory will be made possible by a $12,900 annual grant from the National Foundation for Infantile Paralysis. This grant will make possible extensive research into the cause and prevention of such virus diseases as poliomyelitis. National interest in the establishment of such a laboratory here is shown in the fact that the United States Public Health Service has made a special grant of $5,000 for the provision of necessary laboratory facilities where this research work may be carried on.

Dr. Kramer will be in charge of the Department's Division of Virology. He has had many years of experience in the study of virus diseases. He was a member of the Harvard Infantile Paralysis Commission, and in recent years he has been developing the science of virology at Long Island College of Medicine and Jewish Hospital in Brooklyn. Dr. Kramer is a pediatrician, a fellow of the American Academy of Pediatrics and Licentiate, the American Board of Pediatrics. In his new position Dr. Kramer will be available to local medical societies for the demonstration of clinic procedures in the diagnosis of virus diseases.

Coöperating with Dr. Kramer will be Dr. H. E. Cope of Detroit, who has recently joined the staff of the Michigan Department of Health Laboratories to take charge of the Division of Clinical Pathology. Dr. Cope will be investigating and developing laboratory methods to aid physicians in diagnosing diseases caused by filterable viruses. He is well known to Michigan physicians having been pathologist for the Owen Clinical Laboratory in Detroit for many years.

* * *

PNEUMONIA RESEARCH GRANT CONTINUED

A Commonwealth Fund of New York has notified the Michigan Department of Health of the continuation of its annual grant of $16,600 per year for research in pneumonia. This study has been carried on for the past three years in an effort to improve the therapeusis in pneumonia and lower the cost of producing antipneumococcic sera. This grant was originally made in 1936 on a three-year basis with

the provision that it be continued for two additional years if satisfactory progress were shown. The Michigan Department of Health Laboratories are now producing for general distribution free to physicians serum for the treatment of Type 1 and Type 2 pneumonia.

The pneumonia research project is being carried out under the immediate supervision of Dr. John T. Tripp, director of the Biologic Products Division of the Bureau of Laboratories.

* * *

PEDIATRICS CONSULTANT

The Bureau of Maternal and Child Health announces the appointment of Dr. Warren E. Wheeler of Dayton, Ohio, to its staff as field consultant in pediatrics. Dr. Wheeler will be available to local medical societies for consultant service in pediatrics. Similar services are now provided by the Bureau in obstetrics and maternal health.

Dr. Wheeler comes to Michigan from the Miami Valley Hospital in Dayton. He has also served at Good Samaritan Hospital and St. Elizabeth's Hospital in the same city. In 1933 he was an assistant in pediatrics in the Harvard Medical School. He received his M.D. degree from Harvard Medical School, specializing in pediatrics and later serving as resident in pediatrics in Children's Hospital in Boston.

This new consultant service in pediatrics has been recommended and approved by the Michigan Branch of the American Academy of Pediatrics and the executive committee of the Council of the Michigan State Medical Society. Dr. Wheeler's services may be secured upon request through the local medical societies.

* * *

MORTALITY DURING FIRST SIX MONTHS OF 1939

Continued decreases in infant and maternal deaths during the first six months in 1939 have been reported by the Bureau of Records and Statistics. Infant deaths during that period totaled 2,041, compared with 2,103 during the same period of 1938. Maternal deaths declined from 164 during the first six months of last year to 157 in the first six months of 1939.

Total deaths from all causes increased slightly. There were 27,771 deaths during the first six months this year, compared with 25,880 in 1938. Births dropped from 48,235 in 1938 to 45,357 this year.

Heart disease, first major cause of death, again showed an increase, 5,838 deaths being reported during the first half of this year, compared with 5,390 last year. Cancer deaths also increased from 2,842 to 3,004. Apoplexy caused 2,289 deaths, a slight increase from last year. Pneumonia deaths increased from 1,700 to 1,902. Nephritis deaths also increased slightly to 1,419. Deaths from typhoid fever, diphtheria, tuberculosis, diarrhea and enteritis, and automobile accidents all showed some decrease.

* * *

COMMUNICABLE DISEASE MORBIDITY

Syphilis case reports led the list of communicable diseases reported to the Michigan Department of Health during the month of July, 1939. There were 1,131 cases of syphilis reported for the month, making a total of 8,412 reported cases for the first seven months of 1939. Comparative figures for the same period in 1938 indicated 950 reported cases during July and 8,517 for the first seven months of that year.

Whooping cough was the second most prevalent disease, 836 cases being reported for July. This was a big decrease from the 1,783 cases reported in the same month a year ago. There have been 6,006

cases of whooping cough reported thus far this year, compared with 7,292 in the same period last year.

Gonorrhea case reports totaled 543 for the month, compared with 612 for the same month last year. There have been 3,583 cases of gonorrhea reported thus far this year, compared with 4,002 a year ago.

Tuberculosis cases have declined from 561 in July last year to 539 in the same month this year. The total for the year, however, is slightly in excess of the 1938 total at this time, there being 3,610 cases reported in 1939 and 3,540 in 1938.

Reported cases of measles were far below comparative figures for last year, when one of the most extensive outbreaks of this disease was sweeping the state. There have been 361 cases of measles reported for July this year, compared with 1,949 cases a year ago, the total for the year to date in 1939 being 1,052, compared with 77,374 last year.

Scarlet fever cases totaled 341 for the month this year, compared with 448 in 1938. The totals for the first seven months showed a decline from 12,498 last year to 12,076 cases this year. Pneumonia cases showed an increase this year, 155 cases being reported during July, compared with 83 in the same period last year. The yearly totals showed 2,834 for 1939, compared with 1,657 for 1938.

Poliomyelitis cases for July, 1939, indicated the greatest prevalence of this disease at such an early period that has ever been reported. There were 84 cases during the month, compared with 11 during the same month last year. The total for the first seven months stands at 93 cases for 1939 and 21 cases for 1938.

Smallpox cases were also on the increase during July, 27 cases of this disease being reported, compared with eight in the same month last year. There have been 333 cases of smallpox reported in Michigan since January 1, compared with 184 at this time in 1938.

Diphtheria cases declined slightly from 30 cases in July, 1938, to 21 cases in July, 1939. The total for the first seven months was 293 this year, compared with 299 a year ago.

Typhoid fever cases declined from 132 during the first seven months of 1938 to 57 cases during the first seven months of 1939. There have been 25 reported cases of meningitis thus far this year, compared with 42 at the same time a year ago.

* * *

ASSOCIATE ENGINEERING DIRECTOR APPOINTED

John M. Hepler, former director of the Bureau of Industrial Hygiene of the Michigan Department of Health, has been appointed associate director of the Department's Bureau of Engineering. The appointment is effective as of July 1, 1939.

In his new duties Mr. Hepler will be associated with Col. Edward D. Rich, director. Mr. Hepler has a broad background of administrative experience with the Department in the field of engineering, coming to the Department as assistant engineer in 1919. From 1925 to 1927 he directed the stream pollution control program of the Department previous to the creation of the present Stream Control Commission. From 1927 to 1936 he supervised water filter plants for the Bureau, in addition to directing the Plumbing Division from 1929 to 1933. He has been a member of the State Plumbing Board since 1933. In April, 1936, he became the director of the reëstablished Bureau of Industrial Hygiene.

* * *

MILK CONTROL SPECIALIST

W. S. Feagan of St. Louis has been appointed to the staff of the Bureau of Engineering as director of milk control. Mr. Feagan will work with the

local sanitarians in coördinating and improving the state's milk control program in coöperation with the Department of Agriculture.

Since 1937 Mr. Feagan has been associated with the St. Louis Health Department as dairy plant engineer. He is at present making a survey of milk sanitation in Michigan, visiting local health officers and sanitarians. He is being accompanied by W. H. Haskell, milk control specialist from the United States Public Health Service.

* * *

LUCE-MACKINAC HEALTH OFFICER

Dr. August C. Orr of Bismarck, North Dakota, has been appointed health officer of District No. 6 Health Department, including Mackinac and Luce counties. Dr. Orr, who assumed his new duties August 16, will have his headquarters at Newberry with a branch office at St. Ignace.

Dr. Orr comes to Michigan from a position as director of the Division of Child Hygiene in the North Dakota Department of Health. In addition to his experience as a rural teacher and school superintendent, Dr. Orr has also engaged in private practice in medicine in North Dakota from 1934 to 1936. He received his medical training at the University of North Dakota and at Rush Medical College, interning at Lutheran Deaconess Hospital in Chicago. His public health training was gained in the Harvard School of Public Health.

* * *

VENEREAL DISEASE CONTROL

"The sum of $4,379,250 will be allotted to the States for venereal disease control programs during the coming twelve months," Doctor Thomas Parran, Surgeon General, United States Public Health Service, announced recently.

This expenditure is made possible by the La-Follette-Bulwinkle Act of 1938, which authorized an appropriation of $5,000,000 for the fiscal year 1940. Allotments to the States constitute 86.9 per cent of the total amount available for venereal disease control work. The remaining 13.1 per cent, amounting to $620,750, will be used for research, laboratory and field demonstrations, and administration.

The Federal allotment, which will be supplemented by State and local appropriations and by special grants from foundations and other private organizations, will represent a larger sum of money than has been available for venereal disease control programs in any previous year. Doctor Parran pointed out, however, that "funds now available do not yet approximate the estimates considered by medical and public health authorities to be necessary for the most effective public health campaign against syphilis and gonorrhea." It is expected that additional allotments from public and private sources will be sought for 1941.

The Federal Government's share for venereal disease control work in the States and localities during the next twelve months' period has been allotted on the basis of (1) population, (2) extent of the venereal disease problem, and (3) the financial needs of the various sections of the country.

In order to receive these grants, the Surgeon General announced that the States must meet certain general minimum requirements in the prevention, treatment and control of the venereal diseases. These requirements are based on recommendations adopted by the Conference of State and Territorial Health Officers on April 13, 1936. Federal funds for venereal disease control programs must be matched by State or local funds and must not replace funds from such sources already being used.

IN MEMORIAM

Clyde I. Allen, M.D.

Dr. Clyde I. Allen of Detroit, died on August 1, 1939. Dr. Allen was born in Allerton, Illinois, in 1893. In 1917, he was graduated from Illinois Wesleyan College, and in 1921 received his M.D. from Johns Hopkins University. Since that time, Dr. Allen has been a member of the staff of Henry Ford Hospital, Detroit. In 1935, Dr. Allen with Drs. R. D. McClure and F. W. Hartman, discovered an antiseptic many times stronger than carbolic acid and yet harmless to human tissues. Dr. Allen was a diplomate of the American Board of Surgery, a fellow of the American College of Surgeons, a member of the American Thoracic Association, American Medical Association, Michigan State Medical Society, Wayne County Medical Society and the Detroit Academy of Surgery. He is survived by his wife, Dorothy, and sons, Lawrence and Hubert.

Bernhard Friedlaender, M.D.

Dr. Bernhard Friedlaender, Detroit surgeon, died on August 14, 1939, at the Mayo Clinic in Rochester, after a short illness. He was born in 1870 in Tuckum, Courland, in Latvia. In 1892 he received a Ph.D. degree from the University of Koenigsberg, and in 1898, M.D. from the University of Maryland. From 1900 to 1915, he was Health Officer for Huron County. He was senior surgeon at the Highland Park General Hospital from 1920 to 1927, after which time he was a member of the staff, also a member of the staff of Florence Crittendon Hospital, Detroit. He served during the War as specialist in Plastic Surgery of the head, Base Hospital, 82nd Division, and was discharged in 1919 with the rank of major. Dr. Friedlaender was a member of the Wayne County, Michigan State and American Medical Associations, as well as the Radiological Society of North America, U. S. Military Surgeons, Association for the Study of Internal Secretions, past president of the Highland Park Physicians' Club, also past president of the National Sojourners and Heroes of '76. He was a Mason, a member of the American Legion and a charter member of the Army and Navy Society. Dr. Friedlaender leaves his wife, Rosa, and two daughters, Hannah, wife of Dr. Lafan Jones of Flint, and Minna, wife of Dr. Emil D. Rothman of Detroit.

George W. King, M.D.

Dr. George Willard King of Charlevoix died on August 22, 1938. He was born in Independence, Iowa, in 1866, and was graduated from the Marquette University in 1906. In 1908, he moved to Charlevoix and practiced there for thirty years, until his death. He was married to Miss Ella B. Neuenschwander of Garden City, Missouri, in 1920. Dr. King was a member of the Northern Michigan Medical Society and the Michigan State Medical Society. Surviving are his wife; two daughters, Georgia and Lillian; a son, Donald; a sister, Mrs. Emma Scheldon of Minneapolis, Minn.; and two brothers, Arthur of Bangor and Walter of Hershey.

C. S. Lane, M.D.

Dr. Charles S. Lane of Hudson, Michigan, died on April 16, 1939, at the University Hospital in Ann Arbor. Born November 27, 1866, in Salem, Michi-

gan, he attended the University of Michigan and was graduated from the Rush Medical School in Chicago. He began his practice at Whitmore Lake before coming to Hudson, where he was located during the past twenty-five years. September 8, 1924, he married Myrtle Eckhart, who preceded him in death in 1938. Dr. Lane was a member of the Lenawee County Medical Society and the Michigan State Medical Society.

J. W. Leininger, M.D.

Dr. John W. Leininger of Gladwin, died suddenly following a heart attack on July 9, 1939. Dr. Leininger was born in Watertown, New York, in 1857, and was educated in Canada, graduating from Toronto University. He practiced medicine in Gladwin County for forty-eight years. He was a member of the Masons, also the county medical society and the Michigan State Medical Society. He is survived by his widow.

David McClurg, M.D.

Dr. David McClurg died on May 25, 1939, at the age of seventy-five years, concluding twenty-eight years of practice in Highland Park, Michigan. Dr. McClurg was born in Ailsa Craig, Ontario, in 1864, graduated from the University of Michigan in 1892, and began general practice in Croswell. In 1897 he located at Portland, Michigan, until 1911 when he came to Highland Park. He had been on the staff of the Highland Park General Hospital since its organization in 1921. Dr. McClurg was a member of the Highland Park Physicians Club, the Wayne County, Michigan State and American Medical Associations, as well as a member of the Seniors, a group of Wayne County doctors who have been in practice over twenty-five years. He leaves his wife, Anne L. McClurg.

Andrew A. McKay, M.D.

Dr. Andrew A. McKay, prominent Midland physician, died on June 3, 1939. He was born in Midland in 1873, attended the University of Michigan, and was graduated from the Detroit College of Medicine in 1894. After his graduation, he entered general practice at Coleman, and in 1907, moved to Manistee where he practiced until his retirement in 1936, when he moved back to Midland. Dr. McKay was formerly chief of staff of the Mercy Hospital at Manistee, also a past president of the Western Michigan Medical Society. He was captain of the Medical Officers Training Corps during the World War, and was in command of training at Ft. Riley, Kansas. Dr. McKay was a member of the Manistee County and Michigan State Medical Societies. Surviving are his mother, sister, and a brother, Dr. Kenneth M. McKay.

Charles S. Strain, M.D.

Dr. Charles Spurgeon Strain of Rochester, Michigan, died after a brief illness. He was born in Patterson, Ohio, May 19, 1870. He attended the Columbus Grove High School College in 1902. He had been practicing medicine in Rochester from 1902 to a short time before his death. Dr. Strain served eight months overseas during the World War as Captain and Chief Surgeon of the 18th and 19th Bolloon Company. Dr. Strain held a life membership in the Masonic Lodge of Rochester, and was also active in civic affairs, serving since 1932 on the Village Council. He was a member of the Oakland County and the Michigan State Medical Societies. Surviving are his wife, and one daughter, Mrs. William Hayes, and two sisters, Mrs. N. S. Scot and Mrs. S. S. Richards.

General News and Announcements

"You Cannot Enjoy the Benefits of Membership Unless You Take Some of the Responsibility."—Charles Gordon Heyd, M.D., Nov. 17, 1936.

* * *

The Advisory Council of the State Department of Health invited the M.S.M.S. Council to meet jointly with it on August 25, for a discussion of preventive and health problems of the state.

* * *

"Save An Order for the M.S.M.S. Advertiser and Exhibitor" is a slogan that should be heeded by the 4,300 members of the State Society. These business friends help to maintain two important functions of the State Society—the Annual Meeting, and THE JOURNAL.

* * *

The House of Delegates of the M.S.M.S. will convene on Monday, September 18, at 9 a.m. in the Ballroom of the Pantlind Hotel.

All members of the Michigan State Medical Society are welcome and are urged to attend this important meeting.

The Mead Johnson & Company advertisement in this issue of THE JOURNAL will be found on page 756 instead of in the usual position on the front cover. The Publication Committee gratefully acknowledges the courtesy of Mead Johnson & Company in relinquishing its regular position to permit the use of a special cover on the Convention Number.

* * *

Radio Station WOOD of Grand Rapids has kindly offered a 15-minute period to the Michigan State Medical Society for each of its convention days, September 18, 19, 20, 21, 22.

The radio station and its management is sincerely thanked for this opportunity to bring information and important messages concerning the advance of medical science to the public.

The speakers will be:

Monday—Henry A. Luce, M.D., Detroit
Tuesday—H. S. Collisi, M.D., Grand Rapids
Wednesday—L. Fernald Foster, M.D., Bay City
Thursday—B. R. Corbus, M.D., Grand Rapids
Friday—H. R. Carstens, M.D., Detroit

Hotel reservations should be obtained immediately, if you are planning to attend the 1939 Grand Rapids convention of the M.S.M.S. A registration of approximately 2,000 physicians is expected.

Remember the dates: September 18 (House of Delegates), 19, 20, 21, 22 (Scientific Program); the place: Pantlind Hotel-Civic Auditorium, Grand Rapids.

Our Front Cover

The photo on our front cover shows the hospitable portals of the Civic Auditorium, Grand Rapids, in which beautiful building the 74th Annual Meeting of the Michigan State Medical Society will be held September 18 to 22, inclusive.

At the 35th annual state convention of County Supervisors and Superintendents of the Poor in Cheboygan, Michigan, July 25-26-27, the Michigan State Medical Society was officially represented by President-Elect B. R. Corbus, M.D., of Grand Rapids. Other members of the Society present were Drs. G. L. McClellan, W. P. Woodworth, and Allan McDonald of Detroit, and W. S. Ramsey of Lansing; Executive Secretary Burns also attended the conference.

Dr. Corbus' paper entitled "Our Mutual Problems" was presented on July 25.

* * *

The Trustees of the Rogers Memorial Sanitarium (Oconomowoc, Wisconsin) announce the addition to its medical staff of Donald A. R. Morrison, M.D. Dr. Morrison was formerly Rockefeller Fellow at the Pennsylvania Hospital for Mental and Nervous Diseases, Assistant Physician at the Eloise Hospital, Eloise, Michigan, and for the past two years Instructor in Psychiatry at the University of Chicago Medical School.

During the past two years the Trustees of the Sanitarium have expended considerable money in enlarging and beautifying the Sanitarium building grounds. An up-to-date kitchen, a laboratory, hydro- and physio-therapy departments and a beauty parlor have been installed. Much of the old furnishings have been replaced and the physical properties brought up to date.

* * *

Afflicted Child Commitments for the month of July, 1939: Total cases 270, of which 48 went to University Hospital and 222 to miscellaneous hospitals. Of the above, Wayne County sent 6 to University Hospital and 23 to miscellaneous hospitals, for a total of 29.

Crippled Child for July, 1939: Total cases 45, of which 21 went to University Hospital and 24 to miscellaneous hospitals. Of the above Wayne County sent 0 to University Hospital and 2 to miscellaneous hospitals, for a total of 2.

A Special Meeting on Medical Service Problems will be held Sunday, September 17, at 8:30 p. m., in the Grand Ballroom, Pantlind Hotel, Grand Rapids. All MSMS Councilors, Officers, Delegates and Members are urged to attend this session, at which Group Medical Care Plans, Medical Welfare, and the Afflicted-Crippled Children Laws will be discussed.

Inter-State Postgraduate Medical Association

This year's International Assembly of the Inter-State Postgraduate Medical Association of North America will be held in the Palmer House, Chicago, Illinois, October 30, 31, November 1, 2 and 3.

The high standing of its medical profession, combined with the unusual clinical facilities of its great hospitals and excellent hotel accommodations, make Chicago an ideal city in which to hold the Assembly.

The Association, through its officers and members of the program committee, extends a very cordial invitation to all physicians in good standing in their State and Provincial Medical Societies to attend the Assembly.

The members of the profession are urged to bring their ladies with them as a very excellent program is being arranged for their benefit by the Ladies' Committee.

The Chicago Medical Society will be host to the Assembly and has arranged an excellent list of committees who will function throughout the Assembly.

The program consists of approximately eighty clinics and addresses covering the latest advancements in medical science. The contributors have been selected from among the most outstanding teachers and clinicians of North America.

The registration fee of $5.00 admits all members of the profession in good standing.

Pre-assembly and post-assembly clinics will be conducted in the Chicago hospitals the Saturdays previous and following the Assembly for visiting members of the profession.

A program will be mailed to every member of the medical profession in good standing in the United States and Canada on or about September first. If any member of the profession in good standing does not receive a program, please write the Managing-Director at once and a copy will be mailed.

The list of distinguished teachers and clinicians who are to take part on the program appears on page 826 of the advertising section of this JOURNAL.

COMMUNICATIONS

Michigan State Medical Society
2020 Olds Tower
Lansing, Michigan

Gentlemen:

Not long ago I found myself an unfortunate defendant in a ten thousand dollar malpractice suit extending through two or three very anxious days.

Due to an impartial judge, an openminded jury, backed by my fellow practitioners, together with efficient defense counsel furnished by the State Medical Society, also by the Medical Protective Company with whom I have carried a policy for many years, the jury brought in a verdict of "no cause for action."

Although I have carried a protective policy for more than forty years and protection in the State Medical Society ever since it established that branch of service, this is the first time I have had occasion to use either.

I feel that this one occasion, however, is full compensation for all the expense of the past.

Respectfully,
PHIL H. QUICK, M.D.,
Olivet, Michigan.

THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us a full compensation to those sending them. A selection will be made for review, as expedient.

LEGAL ASPECTS OF CHRISTIAN SCIENCE: By I. H. Rubenstein. Member of the Chicago Bar. Chicago: The Crandon Press.

As the title implies, this little brochure of thirty-three pages classifies decisions that have been made by the various courts on matters in which Christian Scientists as such have been concerned. The work appears to be adequately documented and it is indexed for convenient reference.

ENDOCRINOLOGY IN MODERN PRACTICE: By William Wolf, M.D., M.S., Ph.D., Endocrinologist to the French Hospital; Attending Endocrinologist, Misericordia Hospital, New York City; Consulting Endocrinologist, New York University Dental School. Second edition, completely revised. Philadelphia and London: W. B. Saunders Company, 1939.

Endocrinology is a fast growing department of medicine. In the second edition of his book, the author has embodied the advances that have been made since the original volume was published. The present contains a new section on the use of protamine zinc insulin in the treatment of diabetes. The author has likewise considered in detail the diagnosis, as well as pitfalls in therapy, in hypoglycemic states. A new section has been added dealing with the relationship of autonomic nervous system and the endocrine glands. He also discusses the role which vitamins play in diseases of the ductless glands. Chapter XXXI is devoted to laboratory procedures and Chapters XXXII and XXXIII discuss the various commercially available endocrine products on the market. It is impossible to catalogue all the special phases of the subject dealt with by the author. The work will be found of immense value, not only to the general practioner and internist, but to the surgeon as well.

HYPERTENSION AND NEPHRITIS: By Arthur M. Fishberg, M.D., Associate in Medicine, Mount Sinai Hospital, New York City. Fourth edition, enlarged and revised, published 1939. Octavo, 779 pages, illustrated with 40 engravings and a colored plate. Cloth, $7.50, net. Philadelphia: Lea & Febiger.

This work has been long enough before the medical profession to have an established reputation. The fact is further substantiated by the call for a fourth edition. The revision has involved changes in all the chapters, even to the extent of rewriting a large number of them and an addition of a chapter on Azotemia. The author discusses the surgical treatment of essential hypertension. Since probably the majority of cases of essential hypertension are seen by the family physician, with limited laboratory facilities, the author emphasizes the diagnosis by clinical methods such as symptomatology. The work is a real contribution to hypertension as well as renal disease in general.

ORGANIZED PAYMENTS FOR MEDICAL SERVICES. By the Bureau of Medical Economics, American Medical Association. Paper. Pp. 185. Chicago. American Medical Association, 1939.

It would stretch the imagination of a social planner to devise any scheme for the organized payment for medical services that is not described in this publication of the Bureau of Medical Economics of the American Medical Association on "Organized Payments for Medical Services." Several

hundred plans for medical care of the indigent involving governmental support and medical society management are explained. Social Security legislation has brought about changes in medical arrangements reaching into almost every locality in the United States and affecting health departments, medical societies, and state and local governments. Types of plans proposed by the Farm Security Administration to provide medical services to Administration clients in 127 counties and covering 100,000 low income families are described. Medical societies have organized postpayment and prepayment plans of medical care offering a wide selection of types. Some provide for a cash indemnity to be paid to the insured with which he can purchase his own medical services and others provide medical service directly.

Industries, unions, fraternal organizations, and all sorts of mutual societies provide medical benefits for their members by a variety of prepayment devices. Some 3,000,000 persons are covered by group hospitalization plans, which show a wide variety of relations with state and county medical societies. Commercial insurance companies, all of whom pay benefits in cash, are also entering this field on a large scale. It is estimated that approximately $300,000,000 in cash is paid out annually by insurance companies to assist in paying medical bills.

The House of Delegates of the American Medical Association has endorsed cash indemnity prepayment plans, but has not sought to prohibit any of its component societies from coöperating with or organizing other types of prepayment for medical service provided their character is not such as to render it impossible to give good medical service.

The number and variety of the plans for medical services—operating and proposed, postpayment and prepayment, service and cash, medical society and other organization sponsored—give proof of the efforts that are being made to supplement the private practice of medicine and indicate a desire to discover, by social experimentation, a solution of local medical problems.

STAFF CONFERENCE, DEPARTMENT OF INTERNAL MEDICINE

(Continued from page 778)

did not start again. I do not recall whether the patient had received digitalis or not but I think she had. Of course the warning has been expressed regarding the administration of calcium where digitalis has been given. There is some question as to whether there is danger giving digitalis after intravenous calcium has been given.

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Among Our Contributors

Dr. Frederick C. Kidner was graduated from the Harvard University in 1904. He is a specialist in Orthopædics, and is associate professor, Wayne University Medical College, Extramural Instructor, University of Michigan, also Director of the Orthopædic Department of Children's Hospital, Detroit.

Dr. Clifford B. Loranger is a graduate of the Wayne University College of Medicine, Class of 1926. At the present, he is practicing general surgery. He has been connected with the Department of Anatomy at the University for ten years and is teaching Applied Anatomy in the Graduate School.

Dr. Reed Miller Nesbit received an A.B. in 1929 and M.D. in 1925 from Stanford University. He was an interne at the Fresno County Hospital. From 1926 to 1929 he was an Instructor at the University of Michigan, from 1929 to 1932 he was assistant professor of surgery and in 1932 became associate professor of surgery at the University of Michigan. He has been in charge of the Section of Urology in the Department of Surgery, University of Michigan, since 1930.